1. PLACE OF DEATH:

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. ARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

County	State Laryland County Washington City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 136 John Street (If rural, give LOCATION) 2.(a) If veteran, name war.
Ada Lillian Alber 4. Sex Female 5. Color or race 6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE DF DEATH. June 6, 1945. 7:50 P. et
6.(b) Name of husband or wife. William Albert 6.(c) If alive, give age years 7. Sirth date of deceased (mo., day, yr.) Feby • 10, 1870	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. / V. and that I last saw because alive on 19. / U. Immediate cause of death DURATION
8. AGE: Years 75 3 Days If less than one day 27 hrs. min. 9. Birthplace Virginia (Town, county, und state)	Due to
10. Usual occupation	Due to. Sesser Carles 16 9-10 Diher conditions.
13. Birthplace Va • He 14. Malden name Eliza Hensell Va • Va •	(Include pregnancy within 3 months of death) Major findings of operations
Address 17. Burial Date thereof Jime 9 1945 (Burial, cremation, or removal, Which?) Cemetery or crematory Rose Hill Cemetery Location Hagerstown	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director. I red W. Kraiss Address Hagerstown, Id. 19. June 9 19 4 5 Plassification Registrar (Date red'd by registrar) Registrar	Means of Injury Injured at work? 23. SIGNATURE M. D. or other Address. Date signed 9. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.

JUN 12 1945 BUREAU V.B.

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

Reg. Dist. No. 30 7

1. PLACE OF DI			2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	F DECEASED:	
TT	Washi	Managara			on
City or town Hagerstown, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Head to the control of the contro			state Maryland Washington		
How long in above place	e of death?	30 years	City or town Hagerstown (If outside city or town limit	be write DIDAT and often a	
mospital, mstitution, c	M SHEEL WALLESS MILELE I	reath occurren.	Street No. 51 Madison A		
51 Madis	son Avenue			LOCATION)	
How long in hospital	or Institution?		2.(a) If veteran, name war		
3. (a) FULL NAM	IE			3. (b) Social Security	- N - 1
	Andre	ew E. Armstrong		705-10	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	White	Married	2D. DATE OF DEATH.		5-10P M
6.(b) Name of husband	or wife Mary	Helen Armstrong	21. I CERTIEY that death occurred the date abo	ove stated; that I Mended dec	ceased from
		6.(c) If alive, give age 61 years	19.5	45 to June	19 45
7. Birth date of deceased (mo., day,		1880	and that I last saw h	may 7 hs	19.44.5
8. AGE: Year		Days !fless than one day	Immediate cause of death		DURATION
6		1			
			arevac amo	" my E	Lary
9. Birthplace	iddleburg	Franklin Co. Pa.	Due to Bleece - 3cle	rocks	5 yro
	Labore	rounty, and state)		······································	
10. Usual occupation.	25 D D		Due to Market Mary o.	Bar deter	3 2/14
	ss W.M.R.R.			***************************************	
12. Name	Jacob Arm	atrong	Dther conditions		••
	Mercersbu		(Includa pregnancy within 3 :		
14. Maiden name	Margaret	E. Coral Maryland			
15. Birthplace (Cavetown,	Maryland	Major findings of operatious		\$00.000.000.000.000.000.000.000.000.000
16 Informant I	Mrs. Andr	ew E. Armstrong	Autopsy results.		
		n. Maryland	PHYSICIAN: Please underline the cause to wi		
			22. VIOLENCE: If death was due to externat cau	ises, flil in the following:	
	l n, or removal. Which?)		Accident, suicide, or homicide		***************************************
		11 Cemetery	Where did injury occur?(City or town)	(Connty)	(State)
Location	Hagerston	wn, Maryland	Injured at home, farm, industry, public place (w		
18. Funeral director	C. M. Sut	er & Sons	Means of Injury	Injured at work?	
	erstown.		111/2/19	under	max.
A	/ 0 19 4 5 gistrar)	1/6/ 1/0	23. SIGNATURES	Tild Date signed	or other
		region at	Auuress.		Truspetition from from

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JUN 42 1945

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-2

CERTIFICATE OF DEATH

Pr. Poole
U6373
Reg. Diat. No. 302

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
City or town Hagers town Md. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 42 Yrs.	State Maryland County Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Wash. Co. Home	Street No. Washington County Home
How tong in hospitat or institution? 42 Yrs.	2.(a) If veleran, name war. None
3.(a) FULL NAME Benjiman F Baker	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M Widower	20. DATE OF DEATH. June 23. 19.45, at 11:00 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that patiended deceased from
7. Birth dale of	and that Uast saw h. Jana alive on
8. AGE: Years Mooths Days It less than one day	Immediate cause of death
92 8 I5mia.	
9. Birthplace Greencastle Franklin, Co. Pa. (Town, county, and state) Farmer	Due to Chronic Introduce 170 Muphrilis
11. Industry or business Retired	Urenica Luck
E 12 Name Fredrick Baker	Dther conditions
Hary Zentmyer	(include prognancy within 3 months of death) Major findings of operations
18. Informant Walter Grove	Antopay results
Address Wayneaboro Pa.	22. VIOLENCE: tf death was due to external causes, fill in the tollowing:
Burial Burial Date thereot 6/26/45 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Green Hill Cemetery	Where did injury occur?
Location Waynesboro, Pa.	tnjured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address Waynesboro, Pa	Cornent H Forle mA
19 June 25 1945 Chash Vious Al (Date rec'd by registrar) Registrar	Address A Cases trans M. D. or other Address A Cases trans M. Date signed 6

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1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 183

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

County Washington	(For newborn infants give residence of mother)
City or town	City or town
Hospital, Institution, or street address where death occurred: Potomec River at Dellingers	Street No. 127 N. Mulberry Street (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3.(a) FULL NAME June Ella Barnes	3. (b) Social Security Number 214-09-3405
4. Sex Female White 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH June 17, 1945 19 6: QD P. M
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) June 8, 1915	and that I last saw halive on
8. AGE: Years Months Days It less than one day	Immediate cause of death
30 0 9min.	Jellestind Les
9. Birthplace Hunkstown, Wash and de Town, county, and state) 10. Usual occupation Lat State Low Loc Loc	Due to
14. Maiden name Nettie Itnyre 15. Sirthplace Benevola, Md.	Major fiadings of operations. Date of op.
16. Intermant Mrs. Nettie Fahrney Address 127 N. Mulberry St. Hagerstown,	Autopsy results
17. Burial Date thereot June 21, 194 (Burial, cremation, or removal. Which?) Cometery or crematory Rest Haven Cemetery	22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicida
	(City or town) (County) (State)
Location Hagerstown, Md.	Injured at home, tarm, Industry, public place (whereft)
16. Funeral director Fred W. Kraiss	Means of Injury Injured at work? DEPUTY MEDICAL EXAM.
Address Hagerstown, Nd.	23. STONATURE Robert Weeks WASH. CO., MD. M. D. or other
19 His a la 197 5 Mrs 6 Lee M. Colson Registrar	Address Date signed C

UN 23 1945

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MARYLAND STATE DEPARTMENT OF HEALTH

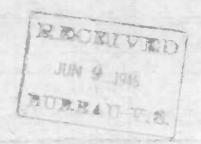
2411 N. Charles St., Baltimore (3)

CERTIFICATE OF DEATH

06375 Rog. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Mas County frederices
City or town (11 ostelide city or town limits, write RURAL and give nearest town)	City or town Shurmont Rural
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
0	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Martha agnes &	Partais no
4. Sex 5. Color or sce b.(a) Single, married, widower, or divorced Flenule White Budgeter	MEDICAL CERTIFICATION 26. DATE OF DEATH JUNE 6 19 45 01 6:10 Pm
6.(b) Name of husband or wife Issual Disting	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw h. oo atrus July 5 19245
8. AGE: Years Months Days If less than one day	Immediate core of death DURATION DURATION
9. Birthplace (Town, county, and start)	Due to Hypertenson kinsen
10. Usual occupation Augustin	Due to
11. Industry or business	Other conditions
13. Birthplace Cathurine Cunonan	(Incinde pregnancy within 3 months of death)
15. Birthplace When	Major findings of operations
15. Birmpiace	
18. Informant	Autopy results
Address William A. Hagusloung p	AX VIOLENCE: If death was due to external causes, fill in the following;
(Burial, fremation, or removal, Which?) Sate thereof (manth) (day) (year)	Accident, suicide, or homicide
MA XIAA I ("O sand	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director first L	Means of Injury Injured at work?
Address Murmont ma	a consumer XIIIII Jaconian Will
19 June 7 19 4 5 Phast Bows 1	Address Was All Market

NW Layman



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore E OF DEATH

Registrar

66376 Reg. Dist. No. 306

CERTIFICAT
1. PLACE OF DEATH:
County Washington
City or town City outside city or town limits, write RURAL and give negrest town
How long in above place of death? 40 years
Hospilal, Institution, or street address where death occurred:
Smitheling K: 2
How long in hospital or institution?
3. (a) FULL NAME
Ida Frey Bear
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced
Temale White Widowed
6.(4) Name of husband or wite Drawh C. Beard
7. Birth date of deceased (mo., day, yr.) Class and -23, 1884
8. AGE: Years Months Days It less than one day
(00 10 2min.
9. Birthpiace Near Waltsville Saed. Co. md.
10. Usual occupation Housekupus
11. Industry or business Buy Home
12. Name James Fried Ca. Md.
13. Birthplace Walfarille Fred. Co. md.
11. Malden name Malinda Hays
15. Birthplace Walfsille Fred ea, md.
16. Informant Mas. J. C. Sardisses
Address Smithebury Md. R.Z -
(Burial, eremation, or removal, Which;) Oate thereof (May) (year)

(For newborn infants give residence		
State Maryland	county Washin	atro
City or town Mean Smi	itheloury	Rura
(If outside city or town lin	mits, write RURAL and gi	ve nearest town)
Sireet Ro. (If rural, g	rive LOCATION)	1
2.(a) If veteran, name war	None	***************************************
	3. (b) Social Sect	rity Number
	non	0
MEDICAL	CERTIFICATION	
20. DATE OF DEATH	25 19.4	16 at 68
21. I CERTIFY that death occurred on the date	above stated; that I attended	Receased from
The state of	19.40 10	19.
and that I last saw halive on	me to	19.54
Immediate cause of death		DURATION
Carenon of		3
	, 0 %	
One to father and	To do	3 myes
J. seath	<u> </u>	
Due to		0.400,000,000,000
Other conditions		
ALUAL CANALIANA	***************************************	
(Include pregnancy within	8 months of death)	***************************************
Major fiedings of operations	•••••••••••	
	Date ot op	
Autopsy results	which death should be cha	rged statistically.
22. VIOLENCE: It death was due to external	causes, till in the tollowing;	
Accident, suicide, or homicide	Date of .	**********************
Where did Injury occur?(City or town	(County)	(State)
		(State)
Where did injury occur?(City or town		
Where did injury occur?(City or town injured at home, farm, industry, public place Means of injury	(whera?)	
Where did Injury occur?(City or town Injured at home, farm, Industry, public place	(where?)	



PLEASE

Cemetery or crematory

19 Date ree'd by registrar)

18. Funeral director

Address



PLEASE WRITE PLAINLY, WINH UNFADING INK. Supply every item of information carefully. The cases write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

U6377 Reg. Dist. No. 305

1. PLACE OF DEATH: Washington				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
LOURTY		State Maryland County Washington			
70 ve: re		City or town Hagerstown Rural (If outside city or town limits, write RURAL and give near	rest town)		
ragers to	wn, ld.	RD3	Sharpsburg Pi	Sireet No. Sharpsburg ike (If rural, give LOCATION) 2.(a) If veteran, name war Spanish American War	*******************************
How long in hospital or ins	titution?	***************************************			
3. (a) FULL NAME		Willi	am S. Bender	3.(b) Social Security None	Number
	. Color or race White		married, widowed, or divorced dowed	MEDICAL CERTIFICATION 20. DATE OF DEATH June 8, 1945 12, 15	
B.(b) Name of husband or	wife Mary	y Bend	er	21. I CERTIFY that death occurred on the date above stated; that 1 attended dece	
7. Birth date of	June 2		If allve, give ageyears	and that I last saw h. i.m. alive on	
deceased (mo., day, yr.)	Months	Days	If less than one day	Immediate cause of death	DURATION
8. AGE: Years 7 0	11	17	hrsmln.	Diabetes mellitus	7 yrs
9. Birthplace	Retire	was county, and st ed Far	h. Co., Md.	Due to cerebral thrombosis Due to	14 d
H 12. Name Ja.	cob Bendash. Co	ler.		Other conditions	
	Barbara	John Md	son	(taclude pregnancy within 3 months of death) Major fieldings of operations	
				Autopsy results	
Address Hage:	ratown,	Md. R	D 3	PHYSICIAN: Please underline the cause in which death should be charged	statistically.
17Buria (Burial, cremation, or Cemetery or crematory	removal, Which?)	Date thereo	(month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
				Where did injury occur?	(State)
			***************************************	Injured at home, farm, Industry, public place (where?)	
1B. Funeral director	red W.	Krais	S	Meens of Injury Injured at work?	
Address Hage	erstown	, Md.	W Bak	23. SIGNATURE T. Arker & Wella M. D.	or the
19. Oute regid by regis	1 19 45	Joan	Registrar	Address Mace Tare Made signed	618145



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1276)

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n	Dist	NI.	3	0	2

FRANCE 94	2 walli		CERTIFICA	TE OF DEATH Reg. Dist. No	50 2
1. PLACE OF DEAT	H:	F 1945		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town	gerstow	n	URAL and give nearest town)	State Maryland County Washington	
How long in above place of	death?3	days		City or town	D. 2 rest town)
Hospital, Institution, or st				Streef No	
			pital	1	
	istitution?	days		2.(a) tf veteran, name war	
3. (a) FULL NAME		David	High Bohrer	3. (b) Social Security 2/2-24	
	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White	Ma	ırried	20. Date of Death June 30, 1945 19.	, at
B.(b) Name of husband or 7. Birth date of deceased (mo., day, yr.)	May 30) tf alive, give agevea		19 V 5
8. AGE: Scars	Months	Pays	If less than one day	Immediate cause of death	DURATION
55	1	T			3 days
11. thdustry or business 12. Name	eorge Wash. Co	Bohr Bohr Md	er	Due to	
16. Informant			r RD2	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
Burial (Burial, cremation, or	r removal. Which?	Date there	of July 3 194 (month) (day) (year)		
			emetery	Where did injury occur?	(State)
Location	Clear S	pring,	Md.	Injured at home, farm, Industry, public place (where?)	
18. Funeral directorSI Address C	nyder-R Lear Sp	owland	Funeral Home	Meens of Injury Toregrave 23. SIGNATURE Meens of Injury tnjured at work? M. D.	Prother other
19 Date rec'd by regis	1 19 4 D	2	Registra		7/2/45

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2411 N. Charles St., Baltimore

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VS A15	PLEASE WRITE PLAINLY, WITH ONFADING INK. Supply every item of information carefully. The coris especially important. Physicians: please write the causes of death clearly and legibly

			CERTIFI	CAT	E OF DEATH	Reg. Diat. No	301
How long in above place of Hospital, Institution, or st Potoma c B	ural Do side city or town li death? reet address where	WMSVI mita, write R death occurred t Del	: lingers	vn)	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of a State No. 127 No	nty Wilshington write RURAL and give near ry St. LOCATION	rest town)
3. (a) FULL NAME		Consta	ance Lou Br	ashe	ars	3. (b) Social Security I	lumber
4. Sex Female	White		, married, widowed, or divorced ngle		2D. DATE OF DEATH June 17.		
8.(b) Name of husband or 7. Birth date of	Sent	6.(0) If allve, give age	years	21. I CERTIFY that death occurred on the date abo19 and that I last saw halive on	, to	19
8. AGE: Years	Months 9	Days 8	If less than one day	min.	Immediate cause of death	Jey:	DURATION
9. Birthplace	School	Stud	ent		Due to		
13. Birthplace	Wash. C	o., Mo	ahrney		(Include pregnancy within 3 m		
Address 127	N. Mulb	Date there	hrney St. Hagerst	own,	Autopsy results	hich death should be charged	statistically.
Location	erstown	, Ld. Kr.	E Lu Wic	Shoo	Where did injury occur? (City or town) Injured at home, farm, industry, public place (wi Means of injury 23. SIGNATUR	Injured at work? DEPUTY WASH M. D. C.	(State) MEDICAL E. H. CO., MD.
(Date rec'd by regis	strar)	/W.X	I	Registrar	Address	Date signed	mand in the contract

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JUN 23 1945

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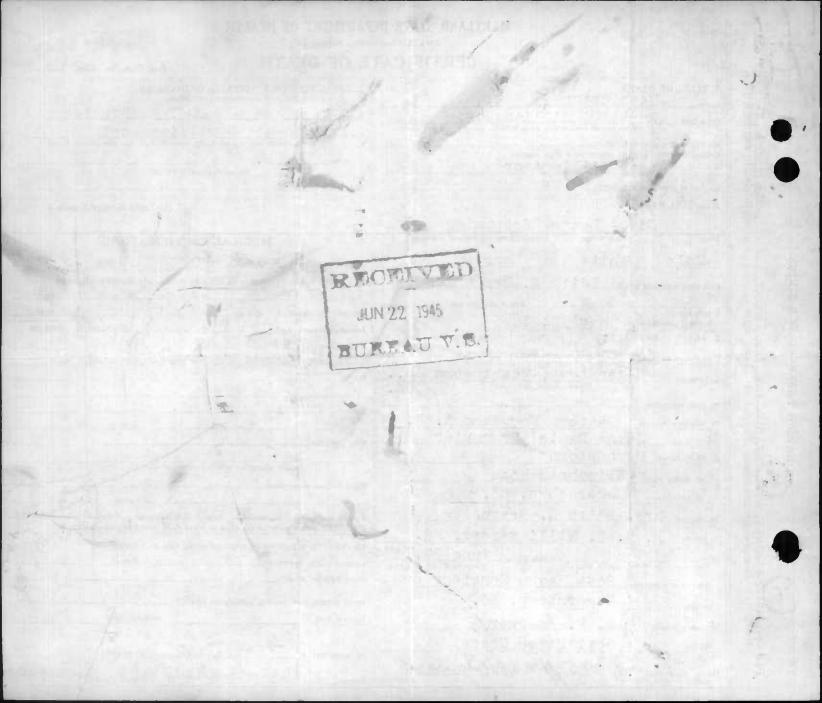
PLEASE WRITE PLAINLY, WING UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Rural Williamsport (If outside city or town limits, write RURAL and give nearest town)	state Maryland county Washington
	City or town Rural Williamsport (if outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(17 Outside city of town limits, write KUKAL and give nearest town) Street No. R. #2
near Williamsport	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Clyde Lester Bragunier	1705-10-6583
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH TIME 17 19 45 at 9 40 P.M
6.(b) Name of husband or wife Edith A. Bragunier	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) It elive, give ageyears	Cofee 1 1840 10 June 17 1840
7. Birth date of deceased (mo., day, yr.) May 10, 1885	and that last saw h Anna alive on the last sa
8. AGE: Years Months Days It less than one day	Immedian cause of death DURATION
60 1 7nrsmin.	metastasis to angel lawel
9. Birihplace Hagerstown, Washington Co., (Town, county, and state)	Due to.
1D. Usuat occupation	Due to
11. Industry or business Western Maryland R. R.	
James Daniel Bragunier 13. Birthplace Hagerstown	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Elizabeth Hose 15. Birthplace Hagerstown, Md.	Major findings of operations.
Mary Databa A December	Autopsy results as about Pathologis report lating
	PHYSICIAN: Please underline the cause to which death should be changed statistically.
Address R. R. 2, Williamsport, Md.	22. VIOLENCE: It death was due to external causes, fill in the following;
17. Burial (Burial, cremation, or removal, Which?) Date thereof June 20, 194 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Rest Haven Cemetery	Where did injury occur?
Location Hagerstown, Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director L. F. Reecher	Means of Injury Injured at work?
Address Rest Haven Chapel	Im R
19 June 2 0 19 4 5 Seest Bowers	23. SIGNATURE. M. D. or other
(Date ree'd by registrer)	Williamsday Med Jan 19 45



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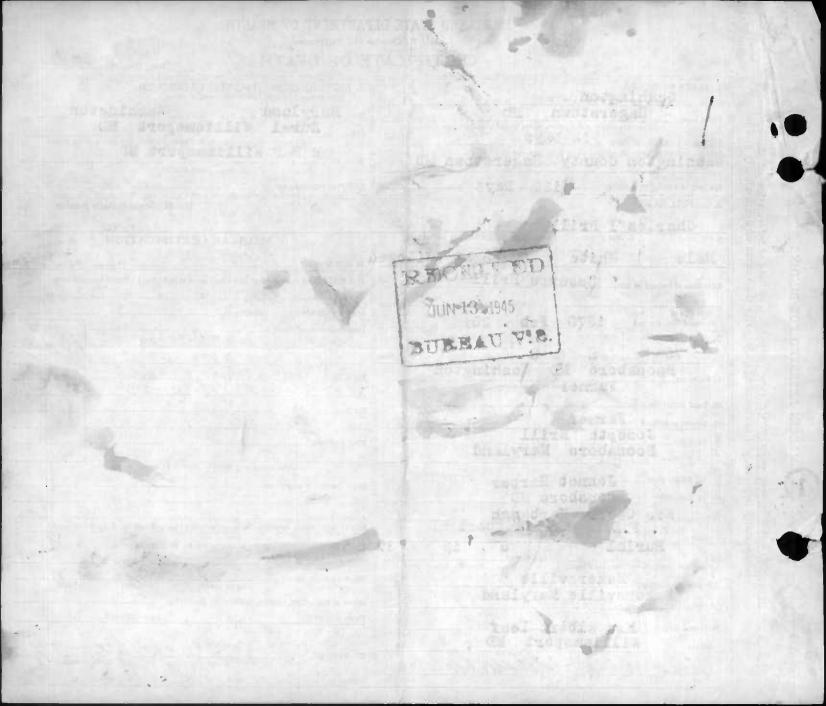
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Baco

CERTIFICATE OF DEATH

0638] Reg. Dist. No...

1. PLACE OF D	EATH:		İ	2. USUAL RESIDENCE	(HOME) OF	DECEASED:	and by an
County Was	TITTE SOT ME	70 0					ton
City or town	Hagerstow	n IMD		State Maryland	Cour	ily WASHIANS	VOI
(1)	outside city or town lin	nits, write RURAL and give ne	earest town)	City or town (If outside o	MITTIS	msport MD	*******
How tong in above place	ce of death?	Days		(If outside c	ity or town limits	write RURAL and give n	nearest town)
Mashinstitution	or street address where d	Hagerstown	MD	Street No. R P D	MITTISM	Spore wn	
" " " THE					(If rural, give	LOCATION)	
		12D Days		2.(a) tf veteran, name war	***************************************		
3. (a) FULL NAM	ЙE					3. (b) Social Securit	y Number
ON		,				h	
4. Set	es I Bril	6.(a)Single, married, widowed, o	or divorand			1 Morre	
4. 364	5. Color of Tace	D. (C) Single, murries, wisowes, t			EDICAL CE	ERTIFICATION	
Male	White	Married	Widowe	2D. DATE OF DEATH	110145	19	1:45-17
		2.122	-	AD. DATE OF DEATH			
6.(b) Name of husban	d or wifeSusa	nne Brill		21. I CERTIFY that death occur			geased from
	No.			5.12.51	19	to 10/1.4/	<u>K</u> 18
7. Birth dale of	·····	6.(c) If alive, give age	years	and that I last saw h	alive on	((19
deceased (mo., day.	, yr.) 1870	Feb . 2818		Immediate cause of death	(2)	/)	DURATION
8. AGE: Yea	ers Months	Days If less than one	day	A Con to to	1 Jaal	11 1 1000	100
75	- manual - m - m - m - m - m - m - m - m - m -	8 hrs.	ala.			www.	J. Winder Coff.
	v 3,		mln,				
9. Sirthplace	nsboro M		n	Due to te Lelle D	aleion	Clardeo -	
3. Birtupiace	Farmer	county, and state)		1100 Below	Ronal	De11010	Zeff
40 Sauci compation				S. S			The state of the s
ID. 02851 occupation		a of the Alphabet		Due to		***************************************	
tt. Industry or busine		4 4 4 7 4			•	****	
	Josepth B	rill		Other conditions			
13. Birtholace	Boonsboro	Maryland	THE O				
er 13. Birthplace	J ;	4		(Include pre	gnancy within 3 m	nonths of death)	*****
14. Malden name	Jennet	Harper		Major findings of operations.			1
101	Boonsho		154759	9,			
						Date of op	000000000000000000000000000000000000000
t6. Informant Mrs	o Oscar H	arbaugh		Autopsy results			••••••
R	F.D 2 W	illiamsport	MD -	PHYSICIAN: Please underlin	e the cause to wh	ich death shunld be charge	ed statistically.
Address	irial	6 12	19	45 VIOLENCE: If death was	due to externat caus	ses. filt in the following:	
		- Date thereof	4				
(Furial, crematic	on, or removal. Which?)	- Date thereof (month)	(day) (year)	Accident, suicide, or homicide.			
Cemetery or crema	Bakersv	ille	*	Where did injury occur?	(City or town)	(County)	(State)
Bal	kersville	Maryland	-				
				Injured of home, farm, industr	y, public place (wh		
Constant	Main (2)	Tone		Meaos of injury .	11	Injured at work?	
18. Funeral director.		rt Leaf	*******************************		1	//	
Address	Williams	port MD		1		1 took 11	edit
1	11	Police Hol.		23. SIGNATURE		M.1	D. ocother
19. June	11 1945	JUNE 11,170	were,	(1,-1).	Que L	A lead	(1/1/1/1
/Dato rec'd by r	registrar)		Registrar	Address	Mung Z	Date signe	eax()///



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County			2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of State	Maryland Naryland Waryland	n arest town)
3. (a) FULL NAME				3. (b) Social Security	Number
	rrie Schoo	ck Burger	, ,		
Female Whi		rried		ERTIFICATION 3, 19 45	.a. 2:30 A.
	В. (с	e) If alive, give ageyears	21. I CERTIFY that death occurred on the date abo April 9, 1945 and that I last saw her alive on Jun	ve stated; that I atlended dece	eased from 1945g
deceased (mo., day, yr.) De	ptember 1		Immediate cause of death		
8. AGE: Years Month 62 8	Days 25	If less than one dayhrsmin.	Hypostatic Pneumonia		l day
9. Birthplace Hagers	(Town, county, and s	tate)	Due to	***************************************	•
10. Usual occupation Ho U	sewife		Due to		•••
11. Industry or business 12. Name Georg 13. Birthplace Leit	e P. Lamb	ert	Dther conditions Chronic pyoner		6 yrs
13. Birthplace Leit	ersburg,	Maryland	Fracture of right fem (Include pregnancy within 3 m	UT	7 weeks
14. Maiden name Mary 15. Birthplace Hage	rstown, M	aryland	Major findings of operations		
16. Informant Harry	Burger 🔐		Autopsy results		*************************
Address Hagerstown, Maryland 17 Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Rose Hill Cemetery			22. VIOLENCE: If death was due to external cau	ses, fill in the following:	
Location Hagerstown, Maryland			Injured at home, farm, industry, public place (wi	iere?) Home	
18. Funeral director. C. M.			Meens of Injury Fell out 2nd St	Ory Injured at work?	no
Address Hagerst			BOSI	newly	lux).
19. Classe 4 19 (Date rec'd by registrar)	45 67	seff Bows S.	23. SIGNATURE		or other 6/4/45

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MARYLAND STATE DEPARTMENT OF HEALTH

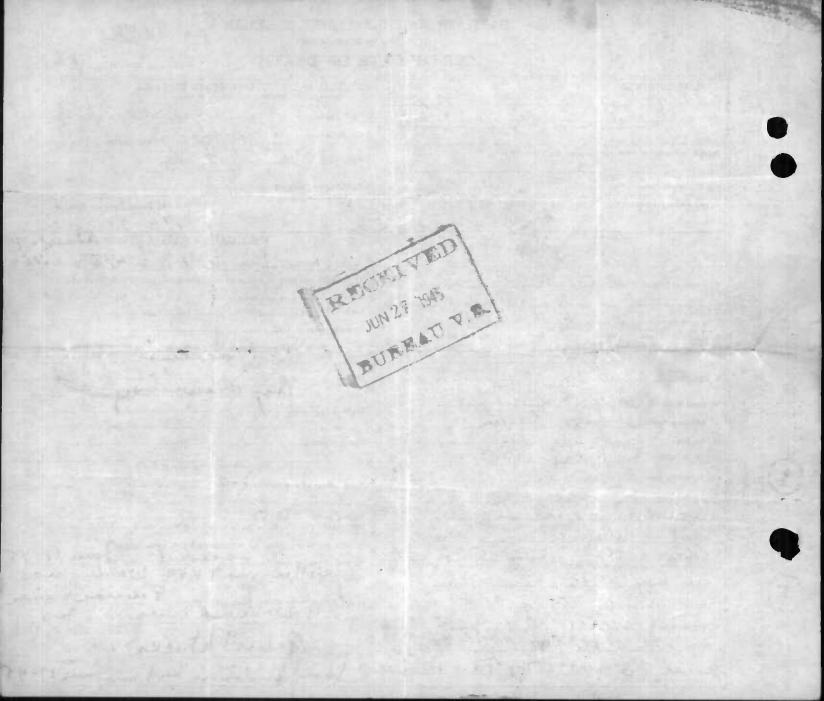
2411 N. Charles St., Baltimore 172 CERTIFICATE OF DEATH



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341

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or fown / (If outside city or town limits, write kURAL and give nearest town)	State. State. County Transluss.
Now long in above place of death?	(If outside city or town limits write RURAL and give nearest town)
	Streef No. 102 Cast (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Wilbur D	3. (b) Social Security Number 173-03-3395
4. Sex 5. Color or race 5.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION about . P
6,(b) Name of husband or wife. Blara & Shish	2D. DATE OF DEATH
deceased (mo., day, yr.) Practice 5 1076	and that I last saw h
8. AGE: Years Months Days If tess than one day 12hrs	Sultocalina
8. Birthplace Boons Borio md. (Town, county, and state)	Bue to.
10. Usual occupation. Island Desired	Due to
11. Industry or business Groves Brothers	
12. Name Thenry Byels 13. Birthplace merces bus 9 Pa	Dither conditions
14. Malden name Coffee and Testersburg and	(Include pregnancy within 8 months of death) Major findings of operations.
-0.0	Date of op.
16. Informant Mss Islana Byess Address Waynes from Penna	Autopsy results
17 Removal Date thereof 6 22 1946	-22. VIOLENCE: If death was due to external causes, filt in the following
(Burial, cremation, or removal, Which?) (month) (day) (year) Cometery or crematory Sice Cemulary	Where did Mury occur? (City or town) (County) (State)
Location Near Waynesborn Ta	Injured at hope farm, industry, public place (where?)
18. Funeral director Walter Jusque	Means of Injuly South Connection of Injured at work? DEPUTY, MEDICAL EXAM:
Address Walfullow Sema	23. SIGNATURE CO., MD,
(Date ree'd by registrar) 194.5 Registrar	Address to Late signorus 19-4



The correct age

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

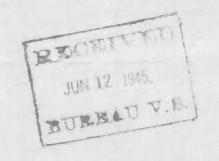
2411 N. Charles St., Baltimore [31-6)

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
GUUDIY	State Maryland founty Washington
City or town Hagerstown, Maryland (If outside city or town limits, write RURAL and give nearest town)	State West / Letter founty founty
How long In above place of death? Life	City or town. Hagerstown (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Washington County Hospital	Street No. 931 Hamilton Blvd.
	(If rural, give LOCATION)
How long in hospital or institution? 11 days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Harry A. Clevidence	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH. 6/9 19 45 21 20.
B.(b) Name of husband or wife Mary E. Clevidence	21. I CERTIFY that death occurred on the date above stated; that I stended deceased from
	Jan 1945 10 June 9 194
7. Birth date of deceased (mo., day, yr.) September 7, 1866	and that I last saw harmalive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
78 9 2hrs,min,	
	" Juploifie. ?
9. Birthplace. Hagerstown, Wash.Co.Md. (Town, county, and state)	Due to 15 Table -
10. Usual occupation Retired Tailor	
	Due fo
11. Industry or business	
12. Name Hagerstown, Maryland	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Ellen Chrissinger	
15. Birthplace Hagerstown, Maryland	Major findings of operations.
14. Malden name Ellen Chrissinger 15. Birthplace Hagerstown, Maryland 16. Informant Mrs. Harry A. Clevidence	Date of op.
Address Hagerstown, Maryland	Autopsy results
	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-12-45 (month) (day) (year)	Accident, eulcide, or homicide
Cemetery or crematory Rose Hill Cemetery	
Hagerstown, Maryland	Where did injury occur?
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director. C. M. Suter & Sons	Meens of Injury Injured at work?
Address Hagerstown, Maryland	l'at Alieben
1. 10 45 Bhasthans	23. SIGNATURE. M. D. or other
19 (Date rec'd by registrar) Registrar	Address Date claned 649-166

Registrar



UNFADING INK. Supply every item of information carefully. The correct age tant. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNF is especially important.

MARYLAND STATE DEPARTMENT OF HEALTH

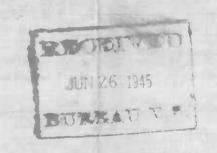
2411 N. Charles St., Baltimore (3-7)

CERTIFICATE OF DEATH

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Washington Md	State Maryland County Paris
City or town. Breathedsville, Md. (If outside city or town limits, write RURAL and give nearest town)	Peltimore
Now long in above place of death? 4/20/45	City or town
Hospital, institution, or street address where death occurred:	Street No. 714 N. Carey St.
ND. STATE REF. FOR MALES,	(If rural, give LOCATION)
How long in hospital or institution? $4/20/45$	2.(a) It veteran, name war
3.(a) FULL NAME DIX, John Daniel	3. (b) Social Security Number unknown
4. Sex male colored 6.(a)Single, married, widowed, or divorced married	MEDICAL CERTIFICATION
	20. DATE OF DEATH June 21 19.45 , 212: 20P M
B.(b) Name of husband or wife Flizabeth Dix	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19
7. Birth date of	and that I last saw h.A.A.L. alive on
deccased (mo., day, yr.) 7/29/22 8. AGE: Years Months Days It less than one day	Immediate cause of leath DURATION
22 10 22hrsmin.	Sulmonay 13 Sylec
9. Sirthplace Baltimore, Md. (Town, county, aud state)	Due to.
10. Usual occupation Laborer	
	Due to
11. Industry or business	for the second second
12. Name Jerome Dix 13. Birthplace Balto. Md.	Diher conditions By State Desire Floring Control Constitution Control
	Include pregnancy within 8 months of death)
	Major findings of operations.
15. Birthplace Balto. Md.	
18. Informant M.D. STATE REF. FOR MALES	Autopsy results
Address Breathedsville, Md.	
Burial Date thereof June 22 45 (Burlai, eremation, or removal. Which?) Date thereof June (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Cemetery or crematory MD. State Ref. For Males	Where did injury occur?
Location Breathedsville, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Andrew K Coffman	Means of Injury Igjured at work?
Address Hagerstown Md.	Who I haven My
19. June 22, 19 45 Adm 13. Bast Registrar	Address. Address. Address.



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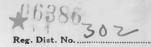
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH



1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Washington	State Maryland County Washington		
(If outside city or town limits, write RURAL and give nearest town)			
City or town. Maligansville, Maryland (If outside city or town limits, write RURAL and give nearest town) 21 years	City or town Maugansville, Maryland (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No. Maugansville, Route #4		
Mennonnite Home, Maugansville	(If rural, give LOCATION)		
How long in hospital or institution? 5 years	2.(a) If veteran, name war		
3. (a) FULL NAME	3.(b) Social Security Number		
Catherine Eshelman			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Single	2D. DATE DF DEATH 21- 4 1 19 at 3:20 14		
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband or wife	1-1- 40 19 , to 6-21- 1943		
7. Birth date of Town 2 To 2 T	and that I last saw alive on 6 - 18 - 41		
deceased (mo., day, yr.) June 17, 1872	Immediate cause of death		
8. AGE: Years Months Days If less than one day			
73 0 4hrsmin.	Chr. Myoundand		
9. Birthplace Franklin County, Pa.	Due to // // /		
Housekeeper	alis selection /		
1D, Usual occupation	Due to		
11. Industry or business			
12. Name. Christ Eshelman 13. Birthplace Maryland	Other conditions		
	(Include pregnancy within 3 months of death)		
Mattie Weaver			
Mattie Weaver 14. Malden name Franklin County, Pa.	Major findings of operations.		
Harry Echelman	Date of op.		
	Antopsy results		
Address Shippensburg, Pa.	22. VIOLENCE: If death was due to external causes, flil in the following;		
17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-23-45 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Menn. Church Cem.	Where did injury occur?		
Location Franklin County, Pa.	Injured at home, farm, industry, public place (where?)		
18. Funeral director Robert A. Sellers	Means of Injury Injured at work?		
Address Chambersburg, Pa.	7/h/2/h		
1 - 6 Tenath Janoph	23. SIGNATURE M. D. or other		
19. (Date rec'd by registrar) Registrar	Address Date signed 6/2//		

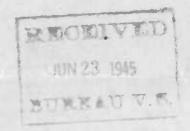
JUN 23 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183)

CERTIFICATE OF DEATH

County Washington City or town Rural Downsville, Ed. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:			(For newborn infante give residence of r		
			City or town. Have retown limits, write RURAL and give nearest town) Street No. 213 Jefferson Street		
		at Dellingers	(If rural, give	LOCATION)	
3. (a) FULL NAME		Faul Richard Er		3. (b) Social Security N	umber
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Male	White	Single	20. DATE OF DEATH June 17,	1945 6:00	P. M.
6.(b) Name of husband	or wife		21. I CERTIFY that death occurred on the date abo		
7. Birth date of			and that I last saw halive on		
deceased (mo., day, y			Immediate cause of death		DURATION
8. AGE: Years	5 Months	Days If less than one dayhrsmin.	Luffrestion.		s
9. Birthplece Hagerstown, wash Id. (Town, countr, and state) 10. Usual occupation Machine Repairman			Due to. J.	0	
		a a a a a graf de de la como como como esta de la como como como como como como como com	Due to		
11. Industry or busines 12. Name		Ernde	Other conditions		••••••
1		. Osborne	(Include pregnancy within 8 i	***************************************	
16. Informant T	rebe C. F	Arnde on St Hagerstown,	Antopsy results	hich death should be charged s	
	, or removal. Which?)		22. VIOLENCE: It death was due to external cat Accident, suicide, or bomicios. Where did injury occur? (City or town)	Date of Co.	mole.
		Hill Cemetery	(City or town) Injured at home, tage, industry, public place (w	here?	(State Divie)
		. Md. Kraiss	Means of injury	tnjured at work?	MEDICAL EXAM.
Address	Hagersto	own, Md.	23. SICHAFORE Robert	to relewast	t. CO., MD.
(Date rec'd hy re	2 / 19 4 U	Mrs 6 E. M. Chor Registry	-1 -4-	M. D.	



1. PLACE OF DEATH:

Washington

information carefully. The correct age of death clearly and legibly. RGIN RESERVED FOR BINDING ADING INK. Supply every item of Physicians: please write the causes PLAINLY, WITH CA

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

CERTIFICATE OF DEATH

City or town	City or town City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 26 S. Ulberry Street (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Joseph Fleisher	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Married Married	MEDICAL CERTIFICATION 20. DATE DF DEATH June 4, 1945 9:00 4, at
8.(b) Name of husband or wife. Hannah Fleisher 8.(c) tf alive, give age years 7. 8irth date of deceased (mo., day, yr.)	21. I CERTIFY that death occurred on the date above stated; that I attended doceased from 19. and that I last saw h
8. AGE: Years Months Days If less than one day	Showe My Colade 140
9. 8 rthplace	Due to
18. Informant Ars. Hannah Fleisher Address 26 S. Mulberry St. Hagerstown, 17. Burial (Burial, cremation, or removal, Which?) Oate thereof June 5, 1945 (month) (day) (year)	Autopsy results
(Burlai, cremation, or removal. Which?) Cemetery or crematory. Hebrew Cemetery Half Way Dist. Hagerstown, RD 18. Funeral director. Rred V. Kraiss Address Hagerstown, Md.	Where did injury occur?
18. Pate rec'd by registrar) (Date rec'd by registrar) (Registrar)	Address Du, Aw Date signed

JUN 6 1945 BUREAU V.S.

VS A15

PLEASE WRITE PLAINLY, WITH UNRADING INK. Supply every item of information carefully. The causes of death clearly and tegibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

County	State
4. Sex 5. Coler or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE OF DEATH
6.(b) Wame of husbood or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 19 19 and that I last saw his alive on 19 19 Immediate cause of death DURATION
8. AGE: Years Months Bays if leas then one day	Coronary Thrombons 4 hom.
9. Birthplace	Due to
14. Maiden name Clara Hebb Sharpsburg, Md.	Major findings of operations. Date of op.
16. luformant Mrs. Emme Himes Address Sharpsburg, Md	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial Date thereof June 27 1945 (Burial oremation, nr removal Which?) (month) (day) (year)	22. VIOLENCE: if death was due to external causes, fill to the following: Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Sharpsburg., Md.	lajured et home, farm, industry, public place (where?)
18. Funeral director	Means of tajury Injured at work?
196-26 1945 Eiff Deep ce Registrar	Address Data signed Data signe

RELICOPAL FED

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Dargan, Md. City or town Dargan, Md. (If outside city or town limits, write RURAL and give nearest town) How long in above piace of death? Hospital, inslitution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lofants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
George Washington Gay 4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widower	20. DATE OF DEATH AND 93 19 45 7 G M
5.(b) Name of husband or wife Mary E. Gay	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
A (A W. W	25 19 165
7. Birth date of deceased (mo., day, yr.) Sept 7 1878	and that I last saw h alive on 19
8. AGE: Years Months Days If less than one day	Immediate cause of death
67 66 9 16hrsmin.	Sour al Murinewas
9. Birthplace	Oue to.
10. Usual occupation Laborer	Oue to
11. tndustry or business Stone Quarry	
James Gay 12. Name Shepherdstown W.Va.	Other conditions
14. Maiden name Not Known 15. Birthplace Not Known	(Include pregnancy within 3 months of death) Major findings of operations.
15. Birthplace Not Known	Date of op.
18. Informant Raymond L. Gay	Autopsy results.
Address Harpers Ferry, W.Va. R.R.# 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Burial Date thereof June 25 1945 (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Samples Manor Md./	(City of town) (County) (State)
	Means of Injury Injury Injury
18. Funeral director. Address Bolivar. W.Va.	Dollar Strake In A
19. June 24 19 45 Cornelius It. Calle Dato rec'd by registrar) Registrar	23. SIGNATURE M. D. or other Address Date signed & 24/66

ELECTETY SID Security and a second AV. So michigration of the second HART TO SELECT AND A SELECT and the special astrones Wall war and blook

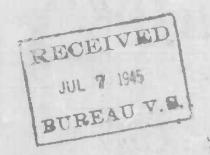
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

3. (a) Solid Security Number None 4. See S. Color or race S. C	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State MAIT, YIAM County Washing to City or town Cicam Shri Mg Runal (If outside city of town limits orite RURAL and give near Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.	est town)
Female White Single Single, married, widowed, or diversed White Single Single, married, widowed, or diversed Single Sin			
Female White Single 5.(b) Name of husband or wife 5.(c) Halve give age 5.(c) Halve of husband or wife 5.(d) Hame of husband or wife 5.(d) Halve give age 7. Birth date of deceased (mo. day, rr) 10. Usual occupation. 10. Usual occupation. 11. Industry or business 11. Industry or business 12. Hame. Martin R. Garden 13. Industry or business 13. Sirthplace Westington 14. Maiden same Katherin Server 15. Internal Katherin Server 16. Internal Katherin Server 16. Internal Katherin Server 17. Buthing or removal Whichit 18. Date of operations. 19. Usual occupation. 19. Usual occupation 19. Usual oc	Tharon E	Yordon NONE.	
1. Birth date of deceased (mo. day, yr.) PEC. 28 1944 S. AGE: Vars Months Days If less than one day S. Birthplace Washington S. Birthplace Mashington S. Birthplace Mashington S. Birthplace Washington S. Birthplace Mashington S. Birthplace Mashin	F	Tune 21 145 ab	out 10:4!
1. Birth date of deceased (mo. day, yr.) PCC, 2.9 1944 8. AGE: Years Months Days If less than one day Duration 9. Birthplace Washing and state) 10. Usual occupation. The fault. 11. Industry or business 12. Hame Martin R. Gordon 15. Birthplace New Jensey 15. Birthplace New Jensey 15. Birthplace New Jensey 16. Birthplace New Jensey 17. Bath Latin R. Gordon 18. Linders Clears Fring R. F. D Location P. Co. Sant H. I. Near Sant Row (day) (year) Cemetery or orematory. P. Co. Sant H. I. Near Sant Row (day) (year) 18. Funeral director Sant Row (Co. Mark) Address Clear Spring And OEPHTY MEDICAL EXAM. And OEPHTY MEDICAL EXA	6.(b) Name of husband or wife		
Immediate cause of death OURATION			19
8. AGE: Years Months Days If less than one day 9. Birthplace Washington Ca. 10. Usual occupation Tankant. 11. Industry or business 12. Hame Mantin R. Gandon 13. Birthplace Washington Ca. 14. Maiden name Katherin Lisie 15. Birthplace New Jensey 16. Informant Ratherin Randon Address Cleansphing R. J. J. Cemetery or crematory, Pleas and the continue of the continue	7. Birth date of deceased (mo., day, yr.) Pec. 2.8 1944	i i	DURATION
9. Birthplace. Washington (Town, county, and state) 10. Usual occupation. TN Fant. 11. Industry or business 11. Hame. Mantin R. Gondon 11. Industry or business 12. Hame. Mantin R. Gondon 13. Birthplace Washington 14. Maiden name Kathorin Lisie 15. Birthplace New Censey 16. Informant Kathorin Gondon 17. Autopsy results. 18. Informant Kathorin Gondon 18. Informant Rathorin Gondon 19. Informant R	6. AGE:		************************
10. Usual occupation. TN Fant. 11. Industry or business 12. Name. Mantin R. Gordon 13. Birthplace Washington Ca. 14. Maiden name Katherin Lisie 15. Birthplace New Jensey 16. Informant Katherin Gordon Address Clears pring R. J. D 17. Burlia (Burla, cremation, or removal, Which) 18. Funeral director SN Jaca - Rowland Address Clear Spring Wash. Address Clear Spring Name Address Clear Spring Wash. Address Clear Spring Name Address Clear Spring Wash. 19. Funeral director SN Jaca - Rowland Address Clear Spring Wash. Address Clear Spring Wash. 10. Deputy Medical Exams. M. D. Goodstrip Man. 23. Signalant Labour Deputy Medical Exams. M. D. Goodstrip Man. 23. Signalant Labour Deputy Medical Exams. M. D. Goodstrip Man. M. D. Go		Due to Suffocation by strangulat	ion
12. Hame Martin R. Gardon 13. Birthplace Washington Ca. 14. Maiden name Katherin Lisle 15. Birthplace New Jersey 16. Informant Katherin Gardon Address Clears pring R. J. D 17. Burl'a 18. Gardon 19. Burl'a Cemetery or crematory Pleas Sant Hill Near Green Control (day) (year) Location Pleas And Pleas Control (City or town) Location Pleas And Pleas (City or town) 18. Funeral director Shyder Rowland Address Clear Spring Mast Means of injury aught be tween Deniured at wort in D 19. Funeral director Shyder Rowland Address Clear Spring Mast Means of injury aught be tween Deniured at wort in D 19. Funeral director Shyder Rowland M. D. Greenser	10. Usual occupation IN Fant.	Due to between bed and crib	
14. Maiden name Katherin Lisie 15. Birthplace New Jensey 15. Informant Katherin Gondon Address Cleans pring R.7. D 17. Bunia ceremation, or removal. Which?) 18. Cemetery or crematory. Please underline the cause to which death should be charged statistically. 19. Cemetery or crematory. Please underline the cause to which death should be charged statistically. 20. VIOLENCE: If death was due to external causes, fill in the following: 18. Cemetery or crematory. Please underline the cause to which death should be charged statistically. 20. VIOLENCE: If death was due to external causes, fill in the following: 18. Cemetery or crematory. Please underline the cause to which death should be charged statistically. 20. VIOLENCE: If death was due to external causes, fill in the following: 18. County or county. County (County) (State) 19. County or county. County (County) (State) 19. County or county. County (County) (State) 19. County or county. County or county. County or county. County or county. County	12. Hame Mantin R. Gordon 13. Birthplace Washington Co.	Other conditions	
Address Cleans bring R.7. D 11. Bunia Date thereof June 24 1945 (Burial, cremation, or removal, Which?) Cemetery or crematory Pleas and this line of June 21 45 Location Pleas underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide accident Date of June 21 45 Where did Injury occur? Lear Spring Wash Meens of Injured at home, farm, industry, public place (where?) 18. Funeral director SNYden - Royaland Address Clean Spring Mash Deputy Medical EXAM. Address Clean Spring Mash Co. Mb. 23. SIGNALURE L. Kokurb Wolf Wash. Co. Mb.	14. Malden name Ketherly Lisie	Major findings of operations	
17. Bunia, cremation, or removal, Which?) Cemetery or crematory. Pleasant Hill Near greenest/C Location Pleasant Hill Near greenest/C 18. Funeral director SMyden - Rowland Address Clear Spring Meens of injury 2 USht between beingured at work? ib DEPUTY MEDICAL EXAM. 23. SIGNATURE 1. Kokurb W col., MB. M. D. cremeter	18. Informant Kathenin Gondon	Autopsy results no	
Location P/CaSaNt	(Burial, cremation, or removal, Which?) Bate thereof, JUNC 24 1995. (month) (day) (year)	Accident, suicide, or homicide accident Date of Turn Where did injury occur? Clear Spring Wash	1.0.
Address CICan Spring And 23. SIGNATURE O. Kohen & WOOD, WASH. CO., M.D. M.D. OF STREET	Location Pleasant Hill Near greencastic	Meens of injury aught between benjured at work? it	
19 Pagistrar Address A		23. SIGNATURE & Koher & Welly WASH. M. D.	CO. MD.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

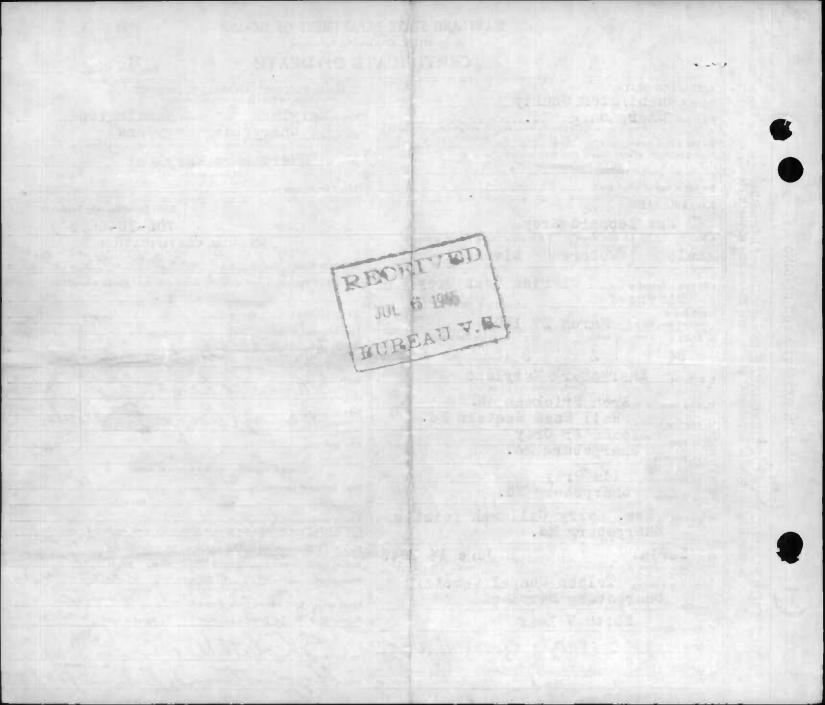
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Rog. Diat. No. 300

1. PLACE OF DEATH: county Washington County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Shabpsburg Md (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	State Maryland County Washington City or fown Sharpsburg Maryland (If outside city or town limits, write RURAL and give nearest town)
How long in hospital or institution?	Street No. Sharpsburg Maryland (If rural, give LOCATION)
	. 2.(a) I1 veteran, name war
Max Leonard Grey	3. (b) Social Security Number 705-10-6805
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	
Male Colored Divorced	20. DAYE OF DEATH. Jule 1316 1945 11 9:50
6.(b) Name of husband or wife. Clarisa Cook Grey Divorced Unknown 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
deceased (mo., day, yr.) March 27 1891	
8. AGE: Years Mooths Days If less than one day 54 3 2hrsmin	Immediate came of death
9. Birthplace	Due to fure these Due to fure these Other conditions
14. Maideo name. Ida Grey 15. Birthplace Sharpsburg Md.	(Include pregnancy within 8 months of death) Major findings of operations.
16. Informant Mrs. Harry Callaman (sister Address Sharpsburg Md.	Autopsy results. O PHYSICIAN: Please underline the cause in which death should be charged statistically.
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Tolson Chapel Cemetery Sharpsburg Maryland	22. VIOLENCE: 11 death was duerte external causes, fill by the following: 6/13/45 Accident, suicide, or homicide
18. Fuoeral director Edith V Leaf	Means of Injured at work? SID A TILL SEPUTY MEDICAL EXAM.
19. 6 16 19. CDate rec'd by registrar) 19. CDate rec'd by registrar) Registrar	23. SIGNATURE KOLLED WASH, CO., MD.



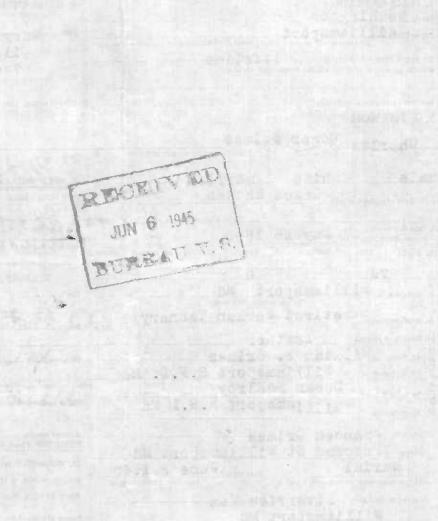
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

06393 301 Reg. Diat. No. 301

1. PLACE OF DEATH: County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Williamsport (If outside city or town limits, write RURAL and give nearest town)	StateMaryland County Washington
(If outside city or town limits, write RURAL and give nearest town)	City or town Williams nont
How long in above place of death?	City or town W. 11.1 and poor town limits, write RURAL and give nesrest town)
nospital, institution, or street address where death occurred:	Street No. 7West Potomac
	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) tf veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Charles Edgar Crimes	
4. Sex 5. Colorer race to the same a married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	= = = 160
11022240	20. DATE OF DEATH 19.45 21.5 M
6.(6) Name of husband or wife Grace Rhodes	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of North School	afour 10 19 43 to June 1 19 43
	and that I hast saw h. Landalive on
deceased (mo., day, yr.) 8. AGE: Years Months Days tf less than one day	Immediate capes of death DURATION
	A A
79 6hrsmin.	Company Occurren. 2 mos
9. Birthplace	Bue to
10. Usual occupation retired Forman Tannery	
	Bue to Welleris (Clerens: 6 Grans
11. industry or business Leather	
H 12. Name William E. Grimes 13. Birthplace Williamsport R.F.D. Md	Dither conditions
Susan McElroy	(Include pregnancy within 8 months of death)
Susan McElroy 14. Maideo game Williamsport R.F.D Md 15. Birthplace Williamsport R.F.D Md	Major findings of operations.
E 15. Birthplace	Date of op.
16. Informant Frances Grimes	Autopsy results
Address 7Potomac St Williamsport Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill to the tollowing:
Burial (Burial, cremation, or removal, Which?) Date thereof June 3 1945 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Williamsport Md	Injured at home, farm, iodustry, public place (where?)
Edith V. Leaf	Means of injury injured at work?
18. Funeral director Church Williamsport Md Address	(m/ 2)
Address	20 TIONATURE VI REACTION AND AND AND AND AND AND AND AND AND AN
1 - 1 - M. 6 T. 44.8.	23 SIGNATURE M. D. or other
(Date rec'd by registrar)	Agrees lest the renexteel the pate stand of 2/60



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

					The state of the s
CERT	IFIC	ATE	OF	DE	ATH

i. PLACE OF DEATH: Washington County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Rand County Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)		
ospilal, institution, or street address where death occurred:	Street No. 138 N. Potomac St. (Ifrural, give LOCATION)	*******	
tow long In hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
William David Hammond	M. D.		
4. Sex 5. Color or race 5.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Widowed	20. DATE OF DEATHJune 25 1945 abou:	t 3/M	
G.(b) Hame of husband or wife Camilla Hamnond	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birlh date of deceased (mo., day, yr.)	and that I last saw halive on	RATION	
8. AGE: Years Months Days If less than one day	Immediate cause of death		
hrsmln.	Guh shot through skull 32 bullet ^t		
9. 8irihplace	Due to		
10. Usual occupation. Redical Doctor	Due to		
11, Industry or business			
12. Name William I. Hammond 13. Birthplace Hagerstown, Md.	Other conditions		
EL 13. Diripiace Hagers Cowing	(Include pregnancy within 3 months of death)		
14. Maiden name Lilliw McComas 15. Birthplace Washington County. Md.	Major findings of operations		

16. Informant Miss Stella Heil	Autopsy results	v.	
Address 138 N. Potomac Street- Hagersto	22. VIOLENCE: If death was due to external causes, fill in the following: June		
17. Cremation (Burial, cremation, or removal, Wbich?) Bate thereof			
Cemetery or crematory Cedar Hill Crematory	Where did injury occur?		
Location Washington, D. C.	Injured et home, farm, industry, public place (where?) Meane of injury Meane of injury	***************************************	
18. Funeral director Fred W. Kraiss		1 Present	
Address Hagerstown, Md.	23. SIGNATURE S. Ruher & Well Wash. CO.		
19. June 25 19 45 SkortBows Registrar	Hagerstownm, Md. Address. Date eigned.		

JUN 28 1945 BURBAU V.S.

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly—

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH LINE is especially important.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore [86-a]

CERTIFICATE OF DEATH

K.			2	0	7_
leg.	Dist.	No.	-		

1. PLACE OF DEATH: County Washington City or town Have I Stown (If outside city or town limits, write RURAL and give nearest town) How long In above place of death? Hospital, Institution, or street address where death occurred: 138 N. Potomac Street How tong in hospital or institution? 3. (a) FULL NAME William L. Hammond				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother) State Lary land County Washington City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 138 II.a Potomac Street (If rural, give LOCATION) 2.(a) If veteran, name war 3. (b) Social Security Number		
4. Sex Male	5. Color or race White	The second second	married, widowed, or divorced idowed	MEDICAL CERTIFICATION June 24 1945 19. DATE OF DEATH	, at 1 P	
6.(b) Name of husband or wife Lillie McComas				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
8. AGE: Years 91		Days 26	If less than one dayhrs min.	Chr. myocarditis	DURATION 5yrs	
9. Birthplace Hagerston - Wash Maryland 10. Usual occupation Retired 11. Industry or business Bank Employee 12. Name David C. Hammond 13. Birthplace Washington County, Md.				Due to Occidental fall. Cuta Die to Occidental fall. Cuta Slipped and fell, on floor of home, march Diher conditions. 20th, 1945.		
14. Malden name. Catherine Hoffman 15. Birthplace Washington County, Md. 16. Informant. Dr. William D. Hommond Address Hagerstown, Ad. 138 N. Potoma (Burial, eremation, or removal, Which?) Cemetery or crematory. Cedar Hill Crematory Location Washington, D. C. 18. Funeral director. Fred W. Kraiss			anty, Md.	(Include pregnancy within 8 months of death) Major findings of operations NO Bate of op. Autopsy results PHYSICIAN: Please underline the cause to which death should be charged		
			Crematory.	Where did injury occur?	(State)	
Address Hagerstown, Md.			ast Bours	To some of alexa Wells WASH	une/24/	

RECEDVED
JUN 28 1945
BURKAU V. K.

PLEASE WRITE PLAINLY, WINF UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1800 CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Washington	State Maryland County Washington		
City or town Rural Plesant Ville Md. (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? 5 weeks	City or town Rural - Pleaant Ville, Md. (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:			
	Street No		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Annie C. Hanes	No		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widow	20. DATE OF DEATH. June 12 19 45 9:00 A.M		
6.(b) Name of husband or wife Barton H. Hanes	21. PCERTIFY that death occurred on the date above stated: that Lakended deceased from		
	11/1000 11		
7. Birth dale of	and that I last som her alive on Man 16 18.45		
deceased (mo., day, yr.) Feb 9 1869	Immy the cause of death		
8. AGE: Years Months Days If less than one day	Broken left to Hayle 1945		
76 4 3hrsmln.			
	. Hashad 3 attacks		
s. Birthplace Oracans Road Allegancy, Co (Town, county, and state)	De Caselan De la company		
10. Usual occupation House Keeping			
11. Industry or business Home	Due to.		
I 12 Name Josso W. Weaver	Other conditions Three Secretary		
13. Birthplace Orleans Road Alleganey. Co.			
14. Malden name Sarah E. Barnes	(Include pregnancy within 3 months of death)		
14. Malden name	Major findings of operations.		
15. Birthplace Orleans Road Alleganey, Co.	Date of op.		
14. Malden name. Sarah E. Barnes 15. Birthplace Orleans Road Allegancy, Co. 16. Informant. G. W. Hanes	Autopsy results		
Address Engle. W.Va.	PHYStCIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following:		
Burial Date thereof June 14 1945. (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide. Calenda Date of Way 16, 1745		
Cemetery or crematory	Where did injury occur? hence tarter tary R 770.		
	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?)		
Location Samples Manor Md	Means of Injury tall — Injured at work? NO		
19. Funeral director T. Dacheles .	means of injury 5 comments of injured at work?		
Address Bolivar, W.Va.	23. SIGNATURE STMOOTE		
10 June 12 1945 Cornelius It Castle	23. SIGNATURE. M. D. or other 4 24 Death 7 - Days WVA M. D. or other 412 151		

JUN 15 1945

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the county or executor with the

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 63-6)

CERTIFICATE OF DEATH

063972 Reg. Dist. No. 362

1. PLACE OF DEATH: County. Washington City or town Hagesrtwon (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 21 Yesrs Hospital, institution, or street address where death occurred: 233 South Mulberry St. How long in hospital or institution? None	2. USUAL RESIDENCE (HOME) OF DECEASED: (For uewborn infants give residence of mother) Slate Marykand County Washington City or town Hagesrtwon (If outside city or town limits, write RURAL and give nearest town) Streel No. 233 South Mulberry St. (If rural, give LOCATION) None 2.(a) It veleran, name war.	
3. (a) FULL NAME	3. (b) Social Security Number	
Raymond Talbert Harbaugh 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	214-09-3993	
	MEDICAL CERTIFICATION	
Male White Married	20. DATE DF DEATH. June 11 1945 19 31 11 M	
6.(b) Name of husband or wife	21. I CERTIFT that death occurred on the date above stated; that attended deceased from	
7. Birth dale of 0 a half of 0	and the 1 last saw h im alive on Jamo 11 19.43	
deceased (mo., day, yr.) October 8 1889	Immediate cause of death DURATION	
8. AGE: Years Months Days It less than one day	A control of death	
55 8 3hrsmin.	Vocadus promova 200.	
9. Birthplace Lantz Fred. Co. Md. (Town. county, and state) 10. Usual occupation. Plumber 11. Industry or business Grove Plumbing Co 12. Name. Oliver Harbaugh 13. Birthplace Lantz Md.	Due to	
14. Malden name Anna Brown 15. Birthplace Lantz Md.	Major findings of operations.	
15. Birthplace Lantz Md.	Date of op.	
18 Interment Mrs. Nettie Harbaugh	Antopsy results	
Address Hagerstown M.d	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.	
Burial Barial Bate thereof 6/13/45 (Burial, cremation, or removal, Which?) Cemetery or crematory Rest Haven Cemetery	22. VIOLENCE: It death was due to external causes, tilt in the following; Accident, suicide, or homicide	
Location Hagerstown Md.	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?	
18. Funeral director	means or injury	
Address Hagesrtwon Md.	3 SIGNATURE V. T. V. rather	
19. June 12 19 45 Plant House A Registrar	Address Car Date signed 6/12/43	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conservation is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (19)

CERTIFICATE OF DEATH

Dr. Victor Miller

Reg. Dist. No. ...302

County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Washington
How long in above place of death? 6 Days Hospital, Institution, or street address where death occurred: Washington County Hospital How long in hospital or institution? 6 Days	City or town
3. (a) FULL NAME	3. (b) Social Security Number
William Adam Hebb	None
4. Sex S. Color or race S. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widower	20. DATE OF DEATH. June 26 1945 19 21 9 P
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended of cease from
7. Birth date of S. (c) If alive, give age	and that I last saw h
deceased (mo., day, yr.) June 26 1870 8. AGE: Years Months Days It less than one day	
8. AGE: Years Montha Days It less than one day	Immediate cause of death DURATION
9. Birthplace Sharpsburg Wash, Co. Md (Town, county, and state)	Due to Heat Prostration.
1D. Usual occupation Instructor	Due to
11. Industry or business Gavernment Repair Shop	
12. Name John Hebb 13. Birtholace Sharpsburg Md.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Mary C. Seiss 15. Birthplace Sharpsburg Md.	Major findings of operations.
16. Informant Clyde E. Hebb	Autopsy results
Address Waynesboro Pa.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Date thereof 6/29/45 (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Reformed Cemetery	Where did injury occur?
Leitersburg Md.	Injured al home, farm, Industry, public place (where?)
18. Funeral director Andrew K. Coffman	Means of injury Injured at work?
Address Hagerstown Md.	Virtobuller
19. Just 2 2 1945 Phast Bowers Registrar	23. SIGNATURE M. D. opother 131 W. WASHINGTON, ST. Address Date signed 727-45

JUN 29 1945 BURBAU V.F.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 60

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No.	3	5	2
Th		-	

County Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nesrest town) How long in above place of death? Hospital, institution, or street address where death occurred: Washington County Hospital				County	hingto	n
			City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) 43 Roessner Ave. (If regal, give LOCATION) None			
3. (a) FULL NAM		na Etter Hege	2.(a) If veteran, name war	3. (b) S	ne	Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL	CERTIFIC	ATION	
Female	White	Married	20. DATE OF DEATH. June	13	45	10:55a
7 Birth data of		6.(c) If alive, give age 45 years	21. I CEAVIFY that death occurred on the dal	e above stated; the	it I altended decea	
deceased (mo., day,	yr.) Dec. 2		Immediate cause of death.		7	DURATION
8. AGE: Year	_ARTICLES	Days If less than one day	Carain sua	0 .		1-
43	_z 5	18min.	The state of the s	9) 100		Cape
	House V Own Ho J. Frank	ome	Due to Diher conditions	g b	لدور	370
14. Maiden name		nively mbersburg Pa.	(Include pregnancy with			
	r. Hugh Bagerstown	Hege Md.	Antopsy results	o which death she	ould be charged	***********************
Burial Date thereof June 16, 1945 (Burial, cremation, or removal, Which?) Cemetery or crematory Salem Luthern Church Marion Pa.			22. VIOLENCE: If death was due to externa Accident, suicide, or homicide Where did injury occur?(City or tos Injured at home, farm, industry, public place	wn) (C	Date of	(State)
		Minnich & Son	Means of Injury	/ Inju	red at work?	
Address Hagerstown Md.			23. SIGNATURE.	15+	her	
19. June	16 19 4 5	Ghasff Jowers	the out o	wa	M. D. c	-/14/45



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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

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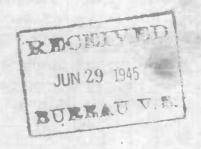
Ditto

Dr

2411 N. Charles St., Baltimore (45-4)

Reg. Diat. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
county Washington	(For newborn infants give residence of mother)		
City or town (If outside city or town limits, write RURAL and give nearest town)	Sidit-		
Now long in above place of death? 5 Years	City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)		
Nospital, institution, or street address where death occurred:	Sireet No. 922 Penna. Ave		
922 pennsylvania Ave	(If rural, give LOCATION)		
How long in hospital or institution? None	2.(a) If veleran, name war. WOPIA WAF # 1		
3. (a) FULL NAME	3. (b) Social Security Number		
Boyd Biever Heiges			
4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	2D. DATE OF DEATH. June 27 1945 19 31 2		
6.(6) Name of husband or wife Flla M.	21. I CERTIFY that death occurred on the date above stated; that altended deceased from		
	June 10 - 4191 10 June 27 194		
7. Birth date of deceased (mo., day, yr.) July 16 1896	and that I last sawher alive on June 26 41 19		
8. AGE: Years Months Days It less than one day	Immediate causo of death		
48 17 17hrsmin.			
	- Carrier - A.2-		
9. Birthplace Scotland Franklin Co. Pa. (Town, county, and state)	Due to.		
10. Usual occupation Restaurant Operator			
11. Industry or business Heiges Restaurant	Due to		
	Dither conditions		
Schuyler C. Heiges 12. Name Schuyler C. Heiges 13. Birthplace Dillsburg Pa.			
	(Include pregnancy within 8 months of death)		
	Major findings of operations		
	Date of op		
15. Informant Mrs. Ella M. Heiges	Actopsy results		
Address Hagerstown Md.			
Burial Dale thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:		
	Accident, suicide, or homicide		
Cemetery or crematory River View Cenetery	Where did injury occur?		
Location Huntingdon Pa.	tnjured al home, farm, Industry, public place (where?)		
18. Funerat director Andrew K. Coffman	Meaos of Injury Injured at work?		
Address Hagerstown Md.	d. 76/8/11/		
1 15 Blacking al	23. SIGNATURE		
Date rec'd by registrar) Registrar	Address Accession by Bate signer 276.		



PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (6)

1. PLACE OF DEATH: Washington County And Address town, Maryland City or town. Hagerstown, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: 57 East Avenue How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State
Frank M. Hoffhine	3. (b) Social Security Number 214-09-8276
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Male White Single 6.(b) Name of husband or wife 6.(c) If alive, give age years 7. Birth date of Appril 7 1977	MEDICAL CERTIFICATION 2D. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18. 4.3. to service 2 19. 4.3. and that I last saw h. And alive on service 19. 4.3.
deceased (mo., day, yr.) April 3, 1873	Immediate cause of death Commonwealth DURATION
9. Birthplace Quincy, Pa. (Town, county, and state) 1D. Usuat occupation Retired Clerk 11. Industry or business 12. Name Jacob Hoffhine 13. Birthplace Waynesboro, Pa.	Due to Christian Megaling Due to Marchina Megaling Diher conditions
14. Malden name Ann Elizabeth Winter 14. Malden name Ann Elizabeth Winter 15. Birthplace Cavetown, Maryland 16. Informant Miss Flossie Hoffhine 16. Informant Hagerstown, Maryland 16. Maryland Maryland Maryland 16. Maryland Maryland Maryland 16. Maryland Maryland Maryland 16. Maryland Maryland Maryland Maryland 16. Maryland Maryland	(Include pregnancy within 8 months of death) Major fiadings of operations
17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Cavetown Cemetery Cavetown, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director C. M. Suter & Sons Address Hagerstown, Maryland 19. June 4 19.45 Eksefffours Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or other Address 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

JUN 6 1945
BUREAU TE

Dr. Levan

MARYLAND STATE DEPARTMENT OF HEALTH

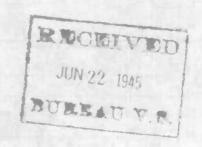
2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

16402 Rec. Dist. No. 305

1 BLACE OF DEATH	a registration of the property of
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Washington	
City or town. Chlus auduable Kural.	State Maryland County Washington
(If ootside city or town limits, write RURAL and give nearest town)	City or town CVOING and well & Redal?
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Boursha md. R. 2
12 mules hd K2.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
	100
3. (a) FULL NAME	3. (b) Social Security Number
albert James	Butaell none.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MA A L. A.A MA	
Wale White Married	20. DATE OF DEATH June 20 19 45 46-30 F. M
5 (1) Name of buoband or wife Martha P. Hatta ll	21. I CERTIFY that leath occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	Jan 6 20 41 serve 20 45
T. Birth date of	and hat I last saw h. hm. alive on
	Immediate cause of death
8. AGE: Years Months Days It less than one day	Haute myocarditio
45 5 5hrsmin.	with decolpensation.
7 Hat 11-10 0 mg	.
S. Birthplace Authority (Town, county, and state)	Due to
Vanal +	
10. Usual occupation.	Due to
11. Industry or business	
12. Name Laufelt Dutyl	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name	
15. Birthplace Man. Musicalle Doed Co. md	Major findings of operations.
21 15. Birthplace Vila. 1 rd. 1. Ca. Ind.	Date of op.
16. Informant Mrs. Martha P. Butzell	Antopsy results
Address Burnalman Md R. 2-	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
Address Boonstone Ynd K. 2	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	
	Accident, suicide, or homicide
Cemetery or crematory 15 00 11 10 11 11 11 11 11 11 11	Where did injury occur?
Brown md.	Injured at home, farm, industry, public place (where?)
Location 2 Day 2000	
18. Funeral director TUM 5. Oast & Sous	Means of injury Injured at work?
0 1 51	WIN. 11 See A
Address Downsling Md.	23. SIGNATURE 1 WALLEY M. W.
12 June - 21. 1845 John H. Bast	M. D. or other
(Date rec'd by registrar)	Address Bornslows Date signed 6/21/45



2411 N. Charles St., Baltimore

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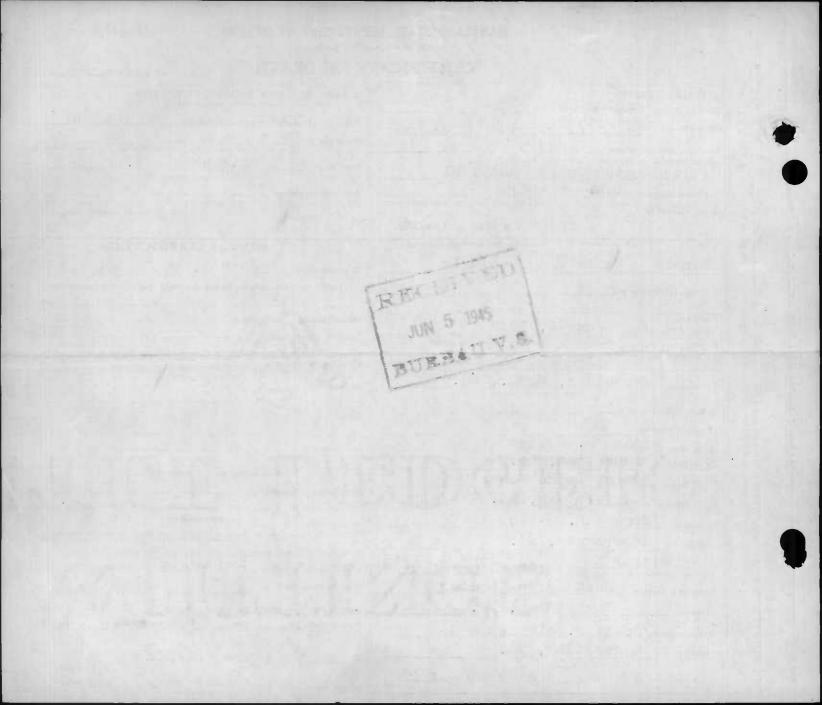
CERTIFICATE OF DEATH

Reg. Dist. No. 30 2_

How long In above place Hospital, Institution, of Washi	askington agerstown outside city or town on of death?	limits, write lyears death occurre unty I	RURAL and give nearest town) d: Iospital CS	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State of Maryland Washington City or town Hagerstown (if outside city or town limits, write RURAL and give nearest town) Street No. 333 Elizabeth Ave. (If rural, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAM		helma	Jane Jordon		3. (b) Social Security 1	Number
4. Sei	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female	White		Single	2D. DATE DF DEATH. June 1,	1,45	.12:30A
7. Birth date of			(c) If alive, give ageyears	21. I CERTIFY that death occurred on the date about 19	, to	1B
deceased (mo., day,		Days	If less than one day	Immediate cause of death	gree burns	DURATION
6	11	24	hrsmin.	to body forearn		6ghrs
B. Birthplace Hagerstown, Wash., Md. (Town, county, and state)				Due to thighs		***************************************
10. Usual occupation.		******************		Due to toxemia and shock		
12. Name. Er	nest P. Funkstow	n, Md.		Dither conditions		***************************************
14. Maiden name	Nina Ir Hagerst	ene Go own, l	oetz Md.	(include pregnancy within 3 m		
14. Maiden name Nina Irene Goetz 15. Birthplace Hagerstown, Md. 16. Informant Ernest P. Jordon Address Hagerstown, Md. 17. Burial Date thereof June 3, 1945 (Burial, cremation, or removal. Which?) Cemetery or crematory Rest Haven Cemetery Location Hagerstown, Md.				Autopsy results		
				Accident, suicide, or homicide	ent Date of Mary wn Wash. (County) FIIZabeth	y/31/45 ld. (State) St.
18. Funeral director Scott F. Minnich & Son Address Hagerstown, Md. 19. (Date rec'd by registrar) Registrar				23. SIGNATURE of Wolces The	DEPUTY N	EDICAL EXAM.
19. Mune	3 1945 egistrar)	- 2	Registrar	Addres Nacestown	The Date Signed	e1/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



LY, WITH UNFADING INK-THIS IS A PERMANENT RECOR MARGIN RESERVED FOR BINDING

stated EXACTLY. PHYSICIANS should state

of OCCUPA.

Exact statement

properly classified.

pe

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

See instructions on back of certificate.

AGE should be

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	PLACE OF DEATH			1610		
County WASITINGION-				Registration Dist. No.		
Village or City Hayers town.				No. Woommin County ttop	6t., 3 Ward	
	Length of rasidence in city or town where	death occurred	yrsmos	ds. How long in U.S.If of foreign blrth?yrs	ds.	
2	FULL NAME KOWA	N Eliz	A HT381A	EEFEQ If U. S. Veteran, specify WAR		
	(a) Residence: No.	n	urershuro	St. # Z Ward.	/	
	(-)	(Usual place o	f abode)	If nonresident give city or to	wn and State	
	PERSONAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEA	TH	
F	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Symples			21. DATE OF DEATH 30 (Month) (Day)	, 1945 (Year)	
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	9	444.45	22. I HEREBY CERTIFY, That I a		
6 D	DATE OF BIRTH (month, day, end yeer)	UNEZT	1945		1945; death is said	
7. A		Days	If LESS than 1 day,hrs.	n to have occurred on the date stated abova, at 10:15 m.		
1	8. Trade, profession, or particular		ormin.	ware as follows:	Date of onset	
NO		one.		FRYTHROBLASTOSIS	June.	
OCCUPATION	9. Industry or businass in which work was done, as SILK MILL.	turne.	***************************************	FOETALIS	27-1945	
0000	SAW MILL, BANK, etc	11. Total tip	ne (years) t in this pation			
12. BIRTHPLACE (city or town) the profession. (State or country)				Other Coutributory Causes of Importence:		
2	13. NAME Ray W; \s	m Keol	a	-		
13. NAME Kay Wilson Keeper 14. BIRTHPLACE (city or town) Mer cure bures (Stete or country)					ete of	
				23. If daath was due to external causes (VIOLENCE) fill in also the		
16. BIRTHPLACE (city or town) HUNTS DALE				Accident, suicide, or homicide? Date of injury		
2) (State or country) Pennia. 17. INFORMANT Ray W. Keefes. (Address) Marcers burg. Pa.				Whara did Injury occur?(Specify city or town, county Specify whether injury occurred in INDUSTRY, in HOME, or in PUE	and State) BLIC PLACE,	
18. BURIAL, CREMATION, OR REMOVAL Place Mercershing Pa Dete July 2, 1946			ly 2 ,1946	Manner of injury		
19. UNDERTAKER D. J. Juille Son				24. Was disaase or injury in any way related to occupation of decaa If so, specify her Boen.	sed? Yes-	
20. FILED July 1, 19 45 Graff Houses, Registrar.				(Signad) achi Bohen Co	M. D.	
	/ If more	blanks are needed, ac	Idress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Evample I

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Evample II

Diample 1	18		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal of importance	cause of death and related causes were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epileps	Ty .	1 week ago
Chronic interstitial nephritis	1921	Run over by stre	et car (CA)	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	2 1945	3 days ago
			E. F a.	
Other contributory causes of importance: Gallstones	May 1,1923	Other contribu	tory causes of importance:	1
<u>Uditionies</u>	May 1,1323	Gastroenterius		1 year

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

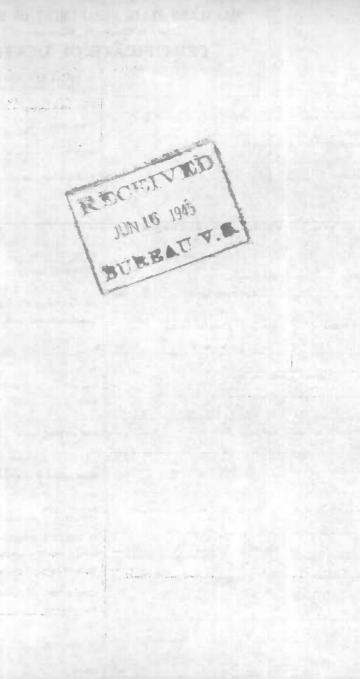
PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 31-2

CERTIFICAT	TE OF DEATH Reg. Dist. No. 305
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Mary County County County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. S. M. Grand County City or town (If rural, give LOCATION) 2.(a) If veterso, name war.
4. Sex 5. Golor or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION MEDICAL CERTIFICATION
6.(b) Name of husband or wife	20. DATE OF DEATH 21. I CERTIFY that draft occurred on the date above stated; that I attended deceased from 19. The state of the stat
9. Birthplace Rining and Urant, Co., Mrd. (Town, county, and state) 10. Usual occupation. 11. Industry or business Several Stare.	Due to. Due to. Due to. Due to.
12. Name Samuel King 13. Birthplace Pennagylvania 14. Malden name Mary Diamond 15. Birthplace near Smithsburg Wash. Co. Md.	Other conditions (Include pregnancy within 3 months of death) Major findings of operations. Date of op.
Address Brown ad. 17. Burial, cremation, or removal, Which?) Cemetery or crematory. Burnaling Course to	Autopsy results PHYSICIAN: Flease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Bookstone md. 18. Funeral director Close 3. Bast 45 ons Address Bookstone md. 19. Line - 14. 19. 45 blue M. Bast Registrar Registrar	Injured at home, farm, industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE M. D. or other Address Date signed 6/1/4/4



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or streel address where death occurred: Washington County Hospital How long in hospital or institution? A hours 3. (a) FULL NAME Richard Edward Kinsell	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex Male Short Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH. June 18, 1945 5 1945 Pas M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19
36 10 29 hrs. min. 9. Birthplace	Due to. Due to.
11. Industry or business 12. Name	Other conditions (Include pregnancy within 3 months of death) Major findings of operations.
14. Maiden name. Elsie Elsiel 15. Birthplace Franklin Co., Pa. 16. Informant Bernard M. Kinsell Address Clear Spring, Nd.	Autopsy results
Burial (Burial, eremation, or removal, Which?) Cemetery or crematory. Location Burial Date thereof. June 21, 194 (month) (day) (year) (month) (day) (year) And	Accident, suicide, or homicide. Where did injury occur? (City of town) (County) Injured at home, Tarm, Industry, public place (where?) Injured at work?
18. Funeral director Snyder-Rawland Funeral Home Address Clear Spring. Md. 19. June 27 19 45 PhastBowers Registrar	23. SIGNATURE WASH. CO., MB. Address Lagrantian MA. Date signed 6/520/45

RECEIVED

JUN 25 1945

BURRAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ALARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)



CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Washington	***************************************
City or town. Chewsville (If outside city or town limits, write RURAL and give ne	arest town)
How long in above place of death? 19 Years	City or town. (If outside city or town limits, write RIRAL, and city nearest town)
Hospital, Institution, or street address where death occurred: Chewsville Pike	Street No. Chewsville Pike
Mono	(If rural, give LOCATION)
now long in nospital or institution?	2.(a) If veteran, name war None
3. (a) FULL NAME	3. (b) Social Security Number
George Eldon Krouse 4. Sex 5. Color or race 6.(a) Single, married, widowed, o	216-03-8465
4. Sex 5. Color or race 6.(α) Single, married, widowed, o	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH June 3 1945 19 31 4 F
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	54 Lfee 14 19 44, 10 July 3 1945
7. Sirth date of	and that I last saw handlive on
deceased (mo., day, yr.) August 10 1877 8. AGE: Years Months Days If less than one of	lav DURATION
67 9 23hrs.	mesenfere Thyomboxis 3 hou
9. Birthplace Chewsville Wash. Co. Md	
9. Birthplace CTEWSVIIIE WESTI. CO. Mu.	o Due to Thursday any gates oblig
10. Usual occupation Laborer	erans of left feg, 2 mis
11. Industry or business Chewsville Milling	Co. Due to anterior 15 clerysis 10 yes
Daniel Krouse 12. Name Daniel Krouse Smithsburg Md.	Dther condillons
質 14 Malden name Anna gtinebraker	(Include pregnancy within 3 months of death)
The maiden name.	Major findings of operations
14. Malden name Anna gtonebraker 15. Birthplace Hagerstown Md. 16. Informant Mrs. Anna Krouse	Date of op.
16. Informant Mrs. Anna Krouse	Autopsy results PHYSICIAN: Please underline the cause to which death shoold be charged statistically.
Address Chewsville Md.	THE THE PART AND A SECOND PART
17 Burial (Burial, cremation, or removal. Which?) Bate thereof. (month) (in the control of the	22. VIOLENCE: If death was due to external causes, fill in the following: day) (year) Accident, suicide, or homicide
Cemetery or crematory Lutheran Cemeter	Where did injury occur? (City or town) (County) (State)
Location Beaver Creek Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director. Andrew K. Coffman	Means of Injury Injured at work?
Address Hagesrtwon Md.	
1 001.14	23. SIGNATURE M. D. or other
19 June 4 1945 Play17,	Registrar Address Amailto Villo Bate elegad 1/22

DUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

CERTIFICATE OF DEATH

U64118

Reg. Dist. No. 3203

County Co	(For newborn infants give residence of mother)
Haceretown Rural - Fiddlenchu	State Maryland County Washington
(If ontside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town
On Highway near Fiddlersburg	Street No
How long In hospital or Institution?	2.(a) If veteran, name war
3.(a) FULL NAME Harry Franklin McCo	3.(b) Social Security Number 217-12-1992
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH. June 27:45 12 night19459
6.(b) Name of husband or wife Ella V. McCoy	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) March 19, 1886	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
59 3 8hrs,mln.	coronary occlusion 30 days
9. Birthplace Washington County, Md. (Town, county, and state)	Oue to acute ventricular
10. Usual occupation. Employee of Fairchild	Due to fibrillation
11. Industry or business Aircraft Co.	
E 12. Name Renjamin F. McCoy. 13. Skrihplace Washington Co., Md.	Other conditions
	(Include pregnancy within 3 months of death)
	Major findings of operations. NO.
	Oate of op.
16. Informant Mrs. Allen E. Ccker Address 603 Md. Avenue- Hagerstown, Md.	Antippsy results
17. Burial Oate thereof June 30. 1945 (month) (day) (year)	22. VtOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Rest Haven Cemetery	Where did injury occur?
Location Hagerstown, Md.	Injured at home, farm, industry, public place (where?)
	Means of Injury lojured at work?
18. Funeral director	S. R. har Well WASH. CO., MD.
19. Junt 3 d 18 45 Closh Bows Registrar	23. SIGNATURE M. D. or other Address Date signed 2.2.145.



MARGIN RESERVED FOR BINDING

PLEASE

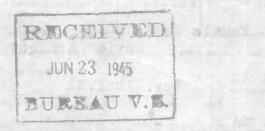
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (72)

06400

CERTIFICATION OF STREET OF	TE OF DEATH Reg. Diat. No. 30
1. PLACE OF DEATH: County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Maryland County Washington City or town Williams pont (The Double of the County
Hospital, institution, or street address where death occurred:	Streel No. (If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Frances Emma McElroy	3. (b) Social Security Number
4. Sex 5. Color or race B.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION about F
Femaly White Married	20. DATE OF DEATH
S.(b) Name of husband or wife. David McElroy	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from
7. Birth dale of deceased (mo., day, yr.) Nov. 12 1921	
8. AGE: Years Mooths Days If less than one day	Immediate cause of death DURATION
9. BirthplaceWilliamsport.R.F.D.#1 Housewife	Due to.
11. Industry or business Home	Due to
Elmer Guessford 13. Birthplace Clearspring R. F.D.	Other conditions
Jennie Hose 14. Malden name. Jennie Hose Clearspring R.F. D.	(Include preggancy within 8 months of death) Major findings of operations.
	Date of op.
16. Informani David McElroy Address Williamsport Md	Antopsy results
Burial June Date thereof June 21 1945. (Burial, cremation, or removal, Which?) Cemetery or crematory. GreenLawn Cem	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Williamsport Md. Edith V. Leaf	Means of hijerocat the large (where?) Injured at work?
Address Williamsport Md	22 SIGNATURALLY WASH, CO., MP.
Date rec'd by registrar) 18 45 Hrs & Lee M. Ch.	roy Ha centron ruel. Bate June 19/4

ddress



ACTOR ENGINEERING TO STATE

. be tognerally

William . M. Charle Dill

recipient would be a control

PLEASE

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183)

CERTIFICATE OF DEATH

30/

1. PLACE OF DE.				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	Wesh	ingto	7	(For newborn infants give residence of mother)	ton
City or fown Rura	± Downsy	ille,	Maryland URAL and give nearest town)	State Maryland County Washing	
How long in above place	outside city or town i	20 ve	ars	City or town. Hagerstown (If outside city or town limits, write RURAL and gr	
Hospital, institution, or	street address where	death occurred		(If outside city or town limits, write RURAL and gi	ve nearest town)
Potomac	River ne	ar Do	wnsville, Md.	Street No. East Washington Street	EX UQ.
How long in hospital or	Impelitudion 2	*************	***************************************	(lf rural, give LOCATION)	
				2.(a) If veteran, name war	
3. (a) FULL NAMI				3. (b) Social Sec	urity Number
			Michael	2/4-0	9-4078
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION	1 Blessel
Male	White	M	arried		
	Plas	a T	Michael	20. DATE OF DEATH 19.1	
6.(b) Name of husband	or wife	. д т.	MITOHOT	21. I CERTIFY that death occurred on the date above stated; that I atfende	d deceased from
•••••••		6.(6	e) If alive, give ageyears		19
7. Birth date of deceased (mo., day, ye	March	29. 1.	905	and fhaf I last saw halive on	19
8. AGE: Years		Days	If less than one day	Immediate cause of death	DURATION
40	2	19	hrsmin.		
Mon	ant all n	W Vo		Sufficition by	***************************************
9. Birthplace Mor	gantown,	ecunty and	tate)	Oue for the second seco	
10. Usual occupation		ic	cate)		
11. Industry or business	***********************	***************************************	retam	Due to	
11. Industry or business	OLUY OL	[iahaa	1 300 WII		
12. NameShan	non I. M	ircuse		Other conditions	***************************************
≦ 13. Birthplace MO	rgantown	L, W. V	a.		
14. Maiden name	Carrie F	. Gra	ham	(Include pregnancy within 3 months of death)	
14. Maiden name 15. Birthplace	Morganto	W crust	.Va.	Major findings of operations	***************************************
-1 15. Bittiplace	T. J		161-1-1	Dafe of op.	******************************
16. Informant	rs. Lesi	le S.	Michael	Autopsy results.	***************************************
Address Hag	rerstown.	Mary	land	PHYSICIAN: Please underline the cause to which death should he cha	erged statistically.
17 Burial		Note there	of 6-21-45 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:	1 halis
(Burial, cremation,	or removal. Which?)	77 0	(month) (day) (year)	Accident, suicide, or homicide. LC. Date of .	9/17/43
	Rose Hi			Where did injury occur?	(State)
Location Hag	gerstown,	Mary	land	Injured at home, farm, Industry, public place (whore?)	ALC: A
18. Funeral director.	[*************************************		***************************************	Means of Injury injured af work?	
			***************************************	D.O. 1 -1 A - BEPLIT	Y MEDICAL DOM
Address Hag	gerstown,	Mary	land	N. Krolerak My all w	ASH. CO., MB.
. hereo &	0	Mr.	6 Le MiElson		. D. co
(Date rec'd hy reg	0 1945 istrar)	. 1.2.5	Registrar	Address / agentama Man Date sig	sned6/19/45





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-7

06411 Reg. Dist. No...305

CERTIFICATE OF DEATH

. PLACE OF D	EATH: nington			2. USUAL RESIDENCE (HOME) 0 (For newborn infunts give residence of)F DECEASED:		
		lle.	Md.	State Maryland com	unty Padtino	70	
City or town Breathedsville, Md. (If outside city or town limits, write RURAL and give nearest town)				Baltimore, Md.			
How long in above pla	ce of death?7.	23/43		City or town (If outside city or town limit	is, write RURAL and give nea	rest town)	
Hospital, Institution,	or street eddress where	death occurred	l:	Street No. 1420 E. Maais			
			for Males		e LOCATION)		
How long in hospital	or Institution?	7/23/	43	2.(a) if veteran, name war	***************************************	V	
3. (a) FULL NAI	1E				3. (b) Social Security	N	
	LLER, Al	bert			unknown	Kamper	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL C	ERTIFICATION		
male	negro	sin	igle	20. DATE OF DEATH June 11.		. 2:15 A	
	Y	one					
7. Birth date of		6.(c) If alive, give age	years and that I last saw halive on		110	
deceased (mo., day	yr.) 4/11	/14		Immediate cause of death	V	DURATION	
8. AGE: Yea	rs Months	Days	If lese than one day				
	31 2		hrs.	min. Juliuonan Jul	buculoris	3 420	
9. Birthplace	Baltimore	, Md.	rtate)	Due to			
40 Hauel ecoungiles	laborer				***************************************	***************************************	
		***************************************	•••••••••••••••••	Due to		***************************************	
11. Industry or busine	William	Milla	n		***************************************	***************************************	
12. Name	Maryland			Other conditions		***************************************	
	Florence		er	(Include pregnancy within 8	months of death)		
H1				Major findings of operations	••••••		
2 15. Birthplace	Maryland				Date of op		
			atory for Ma				
Address Br	eathedsvi	lle,	Md.	PHYSICIAN: Please underline the cause to w	hich death should he charged	statistically.	
17 Buris	1	Data than	14-14.	22. VIOLENCE: If death was due to external cau	usee, fill in the following:		
(Burial, cremutic	on, or removal. Which?		(month) (day) (year)	Activent, cuicine, or numeros		,,	
Cemetery or crema	tory mit	alve	y	Where did injury occur?(City or town)	(Connty)	(State)	
	>	ed.		Injured at home, farm, Industry, public place (w			
Location	Pleaser	3	11	Means of Injury	Injured at work?		
18. Funeral director.	2000 7 6	~~~	the self	/N 1 , 1	00	^	
Address /	DO BE	earl	les ave	23. SIGNATURE / () Feet /	. Cound, 4	4.12	
10 10000 -	11- 1945	1	81. On		34 T) _	- ath an	
Date rec'd hy	egistrar)	7	Regis	Address Hagrerolowe	M() Date signed	6-11-45	



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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

* 06419 Reg. Dist. No. 305

1. PLACE OF D	EATH: Vashington	1		2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:	
Uvulity	***************************************	*******************	***************************************	State Maryland co	maty Pal Canons	a a
City or town	If outside city or town	imits, write R	URAL and give nearest town)	D-3 44 ware		
How long in above pla	ace of death? 8	OS	***************************************	(If outside city or town limit	ts, write RURAL and give near	
Hospital, Institution,	or street address where	death occurred	: .e	Street No. 504 West Bid	dle St.	
Md. Stat	e Relorm	LTOLY	for Males	(If rural, giv.	e LOCATION)	1/
How long in hospital	or institution?	3 MOS	***************************************	2.(a) If veteran, name war None		
3. (a) FULL NA	ME	1			3. (b) Social Security !	Vumber
Alex	ander Mi	lar			None	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
1/0 1 -	W - 2		A			3 45 ^A
Male	Tolore	ed S	ingle	20. OATE OF CEATH June 15		
				21. I CERTIFY that death occurred on the dale ab	1/	
			e) If alive, give ageyears	18.		
7. Birth date of	y, yr.) June 2	23 101	A .		1	19.45
	ars Months	Oays	if iess than one day	Immediate cause of death		DURATION
O. Hom.					f	
30	11	22	hrs. min.	- Illinouary J	ufeculons	4400
9. Birthpiace	lamlet Ric	chmond	Co. No. Carol	ingo	***************************************	
10. Usual occupation	Laberer	••••••	***************************************	Due to		***************************************
11. Industry or busin						
置 12. Name	James M:	lller		Other conditions		***************************************
13. Birthplace	Hamlet No	. Car	olina			
2	. Maggie	Man	er	(Include pregnancy within 3		
				Major findings of operations		***********************
	Hamlet No	1			Date of op	
16. Informant Mo	l. State F	Ref. f	or Males	Autopsy results		
Address	Breathe	davil	le Md.	PHYSICIAN: Please underline the cause to w	which death should be charged a	statistically.
				22. VIOLENCE: If death was due to external ca		
(Burial, cremati	al on, or removal. Which	Date there	eof 6/18/45 (month) (day) (year)	Accident, suicide, or homicide	Cate of	
			Cemetery	Where did Injury occur?(City or town)	(County)	(State)
Location nea	r Breathe	dsvil	le Md.	Injured at home, farm, industry, public place (
16. Funeral director	Andrew H	. Cof	fman	Means of injury	Injured at work?	
Address	Hagers			(I feet	1042	ud 141.8)
11				23. SIGNATURE	M. D. o	rother
Date rec'd by	/8. 19 4J registrar)		ha W. Bast Registrar	Address Hogers/ou	ry Wel Date signed	6-15-47-

PLEASE WRITE PLAINLY, WITH CNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH was doing from

2411 N. Charles St., Baltimo

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CERT	TEIC	ATE	OF	DE	ATL	i
	III.	AIL	Ur	DE.	$\mathbf{A} \mathbf{A} \mathbf{D}$	

Reg. Dist. No. 307

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State
(If outside city or town Emits, write RURAL and give nearest town) How long in above place of death?	City or town
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Hattie Catherine	e Miller 3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION, 5 20. DATE OF DEATH June 29 19. 44 - 18. P. M.
B.(b) Name of husband or wife George C. Miller	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 18. 19. 44, to June 29.19.44
7. Birth date of deceased (mo., day, yr.) March 7, 1880	and that I last eaw held alive on June 29 19.4.4.
8. AGE: Years Months Days If less than one day GA 3 22	Immediate cause of death Uralemia Ouration 6 mg.
9. Birthplace Burkittsville, Fred. Co., Md.	Due to
10. Usuat occupation	Due to
12. Hame Albert A. Hemp. 13. Birtholace Jefferson Md.	Other conditions
# 14. Malden name Jane Olivia	(Include pregnancy within 8 months of death) Major fiadings of operations.
2 15. Birthplace Jefferson Md.	Date of op.
16. Informant Clarence H. Miller Rohrersville, Md.	Antopsy results
Burial cremation or removal Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory. Lacus + Grove	Where did Injury occur?
R 7 Farashau	Means of Injury Injured at work?
Address Keedysville Md.	
19 June 30 (Date ree'd by registrar) (Date ree'd by registrar) Registrar	23. SIGNATURE G. W. LeVan M. D. M. D. or other Address Boonsboro Md. Date signed



WRITE PLAINLY, is especially

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

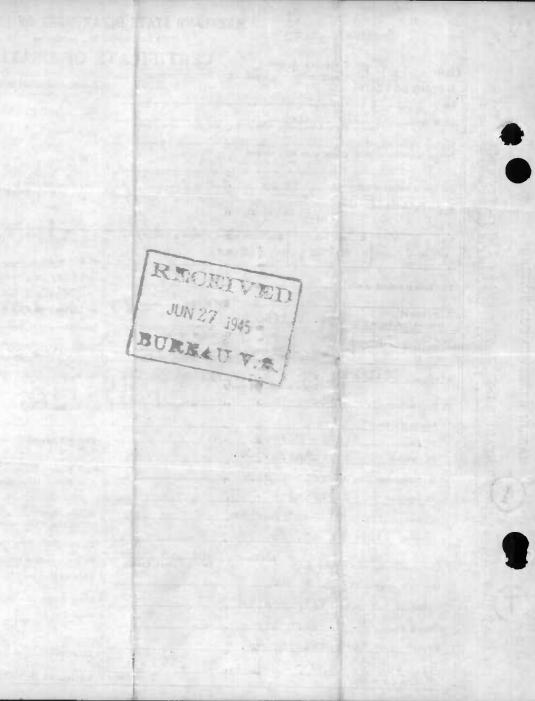
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PLM A. G 9 6 JUN 29 1945	CERTIFICATE OF	DEATH
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Dan	Dist.	No s	30.	Ó

. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
lty or town	State Maryland County Washington City or town (If outside city or town limits, write RURAL and give nearest town)		
ow long in above place of death?	(If outside city or town limits, write KUKAL and give nearest town) Street No		
ow long in hospital or institution?	2.(a) If valaran, name war		
(a) FULL NAME Franklin Mongan	3. (b) Social Security Number		
. Sex Male 5. Color or raco White 6.(a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH		
i,(ô) Name of husband or wife	21. I CERTIFY that death occurred on the date above slated; that t attended deceased from		
Birth date of deceased (mo., day, yr.) Sept. 2,1866	and that t ast saw h. Jana. alive on		
B. AGE: Years Months 9 Bays If less than one day 19 hrsmln.			
Birthplace Tilghmant on-Wash Maryland (Town, county, and state)	Duo to.		
0. Usual occupation	Due to Certario Policiares 10 years		
12. Name. Fristy Mongan 13. Birthplace Tilghmanton, Md.	Other conditions reached black the start will 5 years		
14. Malden nameMargretMoats	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.		
16. Informact Mrs. Jeremiah Mongan	Autopsy results		
Paris 1 (Burlal, cremation, or removal. Which?) Date thereof June 24 -1944 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Manor	Where did injury occur? (City or town) (County) (State)		
tocation Near Tilghment on	tigured at home, farm, industry, public place (where?) Means of injury Injured at work?		
18. Funeral director. R. I. Earnshaw	means of injury		
Address Keedysville, Md.	23. SIGHATURE		
Date red d by registrar) 19 45 John X. Bash	M. D. or other		



The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constraint is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

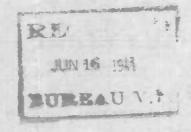
2411 N. Charles St., Baltimore 940

Dr. Kneisley

Date signed 6/13/45

CERTIFICATE	OF	DEATH

	Reg. Dist. No
L PLACE OF DEATH: Sounty Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Hagerstown, Md. (If outside city or town limits, write RURAL and give nearest to IZ Yrs.	
lospital, tastitution, or street address where death occurred: 222 Winter St. Hagerstown, low long in hospital or institution? 12 Yrs.	
Mrs. Indiana Conrad Moore	3. (b) Social Security Number None
Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Widow	MEDICAL CERTIFICATION 20. DATE OF DEATH. June 13 1945
.(6) Name of husband or wife W1111a.m	21. I CERTIFY that death occurred on the date above stated; that f attended deceased from June 12, 1945 19 10 June 13 1945
deceased (mo., day, yr.) NOV. 7 1871	Immediate cause of death DURATION DURATION 1 day
Birthptace Hopewell Wash. Co. Md. (Town, county, and state) (Usual occupation Housewife	Bue to Coronary sclerosis
t. Industry or business 12. Name Benj. Conrad 13. Birthplace Welsh Run pa.	Dther conditions
14. Malden name. Martha Rummell 15. Birthplace Waynesboro Pa.	(Include pregnancy within 3 months of death) Major findings of operations
6, informani Ralph C Moore Address Hagerstown, Md.	Autopsy results
7. Burial Date thereof 6/15/45 (Burial, cremation, or removal, Which?) Cemetery or crematory. Rose Hill	year) Accident, suicide, or homicide
Location Hagerstown, Md. 8. Funeral director Andrew K Coffman	
Address Hagerstown Md.	23. SIGNATURE Blue S. M. Di or other . 148 W. Waghington St. 6/17/45
(Date rec'd by registrar)	Registrar Address 148 W. Washington St., Date signed 6/13/45

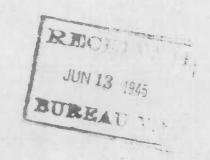


MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore ACCERTIFICATE OF DEATH

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Hagerstown, Maryland			1	Maryland Washington		
			7Land			
(If outside city or town limits, write RURAL and give nearest town) 15 years How long in above place of death?		City or town Hagerstown Ro	oute 1	**********		
How long in above place Hogaitaly institution, or	of death?	death occurred	•	City or town Hagerstown Route 1 (If outside city or town limits, write RURAL and give nearest town) Street No. Trovinger Mill near Chewsville, M		
Hagersto	own Route	3		Street No. 110 VIIIger MITT	Hear onewa	ATTTO, MI
How long in hospital or	lacibulica?	• • • • • • • • • • • • • • • • • • •	***************************************	(lf rural, give l		
		****************	***************************************	2.(a) It veteran, name war		
3. (a) FULL NAMI					3. (b) Social Security	Number
		a E. 1				
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female	White	D:	ivorced	.T	une 10, 19 45	8.304
6.(6) Name of husband	or wife		***************************************	21. I CERTIFY that death occurred on the date abov March 11, 1945	e stated; that Lattended decea	ased from
w 6) 17 1 1		6.(0) If alive, give ageyears			
7. Birth date of deceased (mo., day, y	Septem	ber l'	7. 1901	and that I last saw her alive on J		
8. AGE: Years		Days	It less than one day	Immediate cause of death		DURATION
43	9	24	hrsmln.	Intestinal Obstruct	10n	6 days

9. BirthplaceKe.e.	dysville	was	n.co.Md.	Due to Carcinoma of rectu	<u>m</u>	Indef.
1D. Usual occupation			tate)		************************************	
1D. Usual occupation	TO UDON	V ± ± ±	***************************************	Due to	***************************************	* *************************************
11. Industry or business					*******************************	Í
Han Hen	ry C. Ma	rshal.	<u> </u>	Dther conditions		l
12. Name Hen	arpsburg	, Mar	yland			
14. Maiden name	Annie M.	Hine	S	(Include pregnancy within 3 me		
14. maiden name				Major findings of operations Carcinom	a of rectum	
	ocust Gr			Major findings of operations Carcinom	Date of op. 3/.	27/45
16. Informant MY	s. Wilso	n Bur	ner	Antopsy results		····
Address Hagerstown, Maryland			vland	PHYStCIAN: Please underline the cause to which	ch death should be charged	statistically.
				22. VtOLENCE: It death was due to external cause	es, till in the tollowing;	
17. Burial (Burial, cremation, or removal, Which?) Bate thereof 6-13-45 (month) (day) (year)			(month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or crematory Rest Haven Cemetery			emetery	Where did injury occur?(City or town)	**************************************	*********************
Ha congtown Mary 2 and						
Location Hagerstown, Maryland				Injured at home, farm, industry, public place (whe		*********
18. Funeral director	. M. Sut	er &	Sons	Meens of Injury	Injured at work?	
	erstown,			(1887)	0	1
1				23. SIGNATURE	м/р. о	rother
19 HUNC	19.45		Registrar	Address 148 W. Washington S	±	6/11/45
Louise lee d by reg	v.aij		Registrar	Address 10 " Masiling voll D		Y. J. de de L. Tall.



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (9140)

CERTIFICAT	TE OF DEATH Reg. Diet. No. 3 0-0
1. PLACE OF DEATH? County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME CLARENCE LOVEL	L NETT 3. (b) Social Security Number
4. Sex Sex Se	MEDICAL CERTIFICATION 20. DATE DF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
Address Address 17. Burnol 18. Funeral director Address 19. Company of the second	Df autopsy charged statistically. 22. VtOLENCE: if death was due to external causes, fill in the following; Accidenf, suicide, or homicide

JUN 6 1945 BURRAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bd

CERTIF	TOATE	OF	DEA	TU
CERTIF	LAIL	VI	UCA	

06418 Reg. Dist. No. 30 2

1. PLACE OF DEATH: County			URAL and give nearest town)	State Ho. 141 No Potoma Street No. 141 No Potoma (If rural, give	ab rectalling to a town, write RURAL and give no construct the town to the town town town the town town town the town town town town town town town town	arest town)
			***************************************	2.(a) If veteran, name war		
3. (a) FULL NAME			Otho J. Poffen	berger	3.(b) Social Security None	Number
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CH	ERTIFICATION	
Male	White	Si	ingle	20. DATE DF DEATH June 2, 19	45 9:30 A	. Me
B.(b) Name of husband or wife				21. I CERTIFY that death occurred on the date abo June 16,	ve stated; that I attended dec 44 to June June	2, 19.45 1, 19.45
8. AGE: Years	Months	Days	It less than one day	Immediate come of acars.		
78			hrsmli	Chronic Myocardi	tis	l year
	Retire	county, and s	ty, Md. tate) ner	PUT (U		
12. Name Elias Poffenberger 13. Birthplace Wash. Co., Id.						***************************************
14. Malden name Mary Showman 15. Birthplace Wash. Co., Md. 18. Informant Harry C. Puffenberger				Major hadings of operations	was no ope	
				PHYSICIAN: Please underline the cause to wi	hich death should he charge	I statistically.
Address 734 Guilford Avelagerstown, Id 17. Burial Date thereof June 4, 1945 (Burial, cremation, or removal. Which) Cemetery or crematory Boonsboro Cemetery			eof June 4, 194 (mouth) (day) (year)	Accident, suicide, or homicide	Date of	
Institute Bo	onsboro.	Nd.		Injured at home, farm, Industry, public place (w	here?)	***************************************
				Moone of Inlury	Injured at work?	
	gerstown		143-111	23. SIGNATURE	Dell	or other
19. June 4 19.45 Emistra Joews Registrar				Address Hagerstown, M		

MARGIN RESERVED FOR BINDING

VS A15

RECUIVED

JUN 6 1945

BURPAU V.E.

2411 N. Charles St., Baltimore (3)-&

CERTIFICATE OF DEATH

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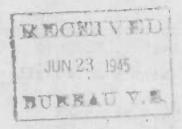
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			0=111111011	Reg. Dist. No
1. PLACE OF DEATH: Ington County Washington City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?. Hospital, Institution, or street address where death occurred: 311 Frederick St. How long in hospital or institution?			URAL and give nearest town) ears	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State Hagerstown (If outside city or town limits, write RURAL and give nearest town) 311 Frederick St. Street No. (If rurat, give LOCATION) None 2.(a) If veteran, name war.
3. (a) FULL NAM	E			3. (b) Social Security Number
			. Powell	220-18-2076
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION
Male	White		dowed	20, DATE DF DEATH June 20 19 45 at 4:45 pm
S.(b) Name of husband 7. Birth date of deceased (mo., day,	or wife	*****************	Powell 3) If alive, give ageyear: 863	and that I last saw h. 1. 21. alive on
8. AGE: Years		Days	if less than one day	Immediate cause of death DURATION Chranic Sudo Car life
81	6	23	hrs. min	***************************************
9. Birthplace				Due to. Hypertraphy Prostate.
John Powell 12. Name John Powell 13. Birthplace Middleburg Pa.				- Dther conditions
Ellen L. Orris 14. Malden name Middleburg Pa.				(Include pregnancy within 3 months of death) Major findings of operations
Mars Mars				- Date of op.
Mr. Lawrence Powell Address Hagerstown Md.				Autopsy results PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
Burial Date thereof June 23, 194 (Burial, cremation, or removal. Which?) Cemetery or crematory. Rose Hill Cemetery			(month) (day) (year) Semetery	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location	Hagersto	wn Mo	1.	Injured at home, farm, Industry, public place (where?)
18. Funeral director	C + + TP	Minni	ich & Son	Meens of injury Injured at work?
Address H	agerstow	m Md.		1.1 XIII. 110.00
1	2/ 19 4.5 gistrar)	- bh	aft Bowers	23. SIGNATURE M. D. or other Address 131 W. WASHINDTON. ST Date signed for the state of the sta

HAGERSTOWN, MD.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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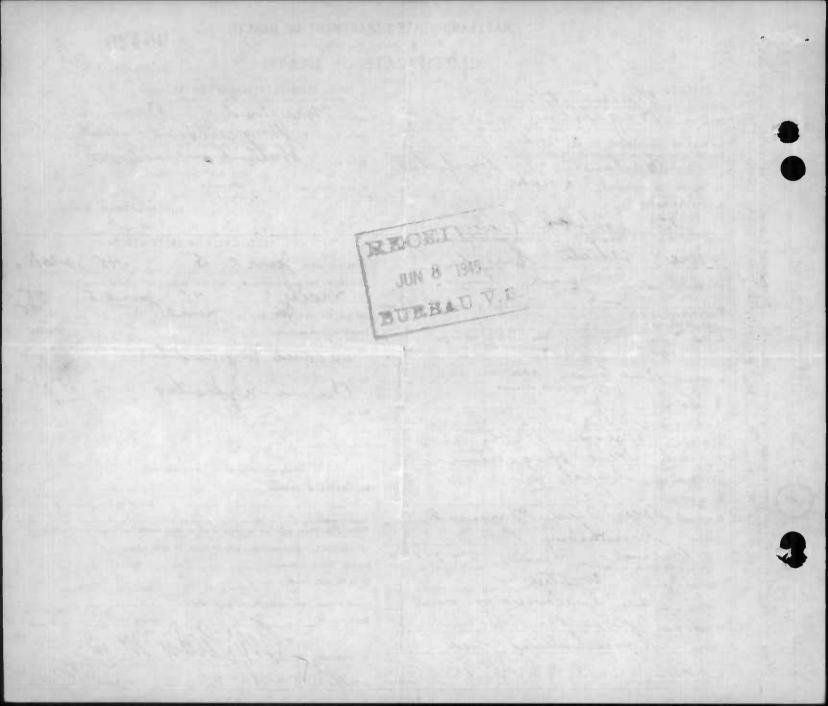


MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore BIZ

06420

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County City or town (If outside fity or town limits, write RURAL and give nearest town) How long in above place of death? Mospital, Institution, or street address where death occurred: Con Handward Con Handward How long in hospital or institution? Mow long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town (If outside city or town limits, write RURAL and give neares fown) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME A. Sex F. Folor or the / 6. (a) Single, period, planed, or divorced	3. (b) Social Security Number
Male Ishita Srigle 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE DF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. The state of death Immediate cause of death DURATION
8. AGE: Years Months Bays If less than one day 1	Ohonie Myreadiles 10 yrs One to Chronie nephrilis 10 yr
11. todustry or business Dr. 12. Name David Protyman 13. Birthplace Near Haguidown 4 14. Malden name Saralu Prugu	Dither conditions
18. Informant Myn alice Garrand Address Sunthshing 1. 7. D.	Majur findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
Cemetery or crematory Localion 18. Funeral director Localion L	Accident, suicide, or homicide
Address Smuly ling and 18 Junt 6 19 45 Chaff Bowerd Registrar Registrar	23. SIGNATURE M. D. or other Address Doorslow Date signed 5 4 5



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	N. BWRITE PLAKEY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of in	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU
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offate PA.

TION is very important. See instructions on back of certificate.

STATE OF	MARYL	AND-CERTIFICAT	E OF	DEATH	11642
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1. PLACE OF DEATH	(131E)
County Washington	Registration Dist. No. 307
Village or City Sandy Hook, Md	NoSt.,Ward
Length of residence in city or town where death occurred 73 yrs3 \$	(If death occurred in a hospital or institution, give its NAME instead of street and number) mos
2. FULL NAME Annabelle Reeser	If U. S. Veteran, specify WAR
(a) Residence: No. Sandy Hook, Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE Female White 5. SINGLE, MARRIED, WIDOWEL OR DIVORCED (write the word Widow	June 2 (Month) (Day) (Year)
HUSBANO of (or) WIFE of Samuel W. Reeser	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year) Feb 7 1872 AGE Years Months Days If LESS the	
172 215 25 d 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence
9 Trade profession or particular	were as follows:
kind of work done, as SPINNER, House Wife	Choring . Though
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Home	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation worth end year) 11. Total time (years) spent in this occupation 5	Cherries neplication
z. BIRTHPLACE (city or town) Woverton , Md . (State or country)	Other Contributory Causes of Importance:
13. NAME Silas Himes	
13. NAME Silas Himes 14. BIRTHPLACE (city or town) Brownsville, Md. (State or country)	Name of operation Date of What lest confirmed diagnosis? Wes there an aulopsy?
15. MAIOEN NAME Eliza Ann Deener	23. If death was due to externel causes (VIOLENCE) fill In also the following:
15. MAIOEN NAME Eliza Ann Deener 16. BIRTHPLACE (city or town). Brownsyille, Md. (State or country)	Accident, suicide, or homicide? Dete of injury, 19
NINFORMANT Mr Joseph Himes (Address) Knoxville Md R.R. # 1	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL Place Brownsville Md. June 5 ,19	Manner of Injury
O UNDERTAKER A. K. Colonia, (Address) Bolivar, W. Va.	24. Was disease or injury In any way related to occupation of deceased? If so, specify
D. FILED June 4 1945 Cornelius It Castle Registra	(Signed) My face Clare M. D. (Address) Bress Willer M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

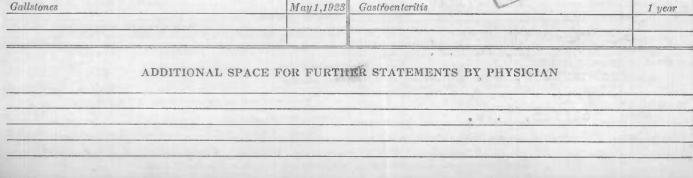
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 8	3 days ago
		, Jon W. D. 4.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastfoenteritis	1 year
			191



PLEASE WRITE PLAINLY, W

1 DIACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

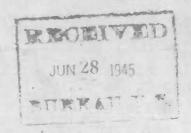
2411 N. Charles St., Baltimore 940

2 HIGHAL DESIDENCE (HOME) OF DECEASED.

CERTIFICATE OF DEATH

. Date signed

I. I LACE OF DE	Woohin	ot.on	n **	(For newborn infants give residence of	mother)	1
County				State Md. Co		ton
City or town(If c	outside city or town li	mits, write h	RURAL and give nearest town)			
Now long to show place	ot death?3	hour	S	City or town Old Forge	ts, write RURAL and give ner	arest town)
Hospital, Institution, or	street address where	death occurre	i:	Street No. RFD #5		
Was	shington	Count	y Hospital	Street No.	e LOCATION)	
How long in hospital or	Inetitution?	3 h	iours	2.(a) It veteran, name war		
			***************************************	2.(5) It reterati, frame wat		
3. (a) FULL NAM	E To a	moat	G. Sharpe		3. (b) Social Security	
	FUI	resu	d. Dhaipe		214-09-59	68
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	white	1	Married	Ja	ma 22 15	3.09n
		-		20. DATE OF DEATH	me 22, 1945	,al D. COP M
6.(b) Name of husband	or wite Cla	ara B.	. Sharpe	21. I CERFIFY that death occurred on the date ab		
			c) If allve, give age 42 years	June 22 19	45 to 10	42 19 HW
7. Birth date of				and that Hast saw h. & nosalive on	June 122	19.445
deceased (mo., day,)	r.) UCTO	poer .	12, 1903	Immediate cause of death	V	DURATION
8. AGE: Years	Months	Days	It less than one day	Ammediate cause of details.		
4]	8	10	hrs min.	Pothma	•	124/
Н	ancock,	Vash.	Md.			
9. Birthpiece	(Town,	county, and	state)	Due to.	Chiain	Zhoo
1D. Usual occupation	Salesn	nan		Deste Due		
	Dan anh	rn Co	orp.		reardial	
11. Industry or busines □ □ □ □ □ □ □				A Section 1	emalin	*
				Other conditions		
	ancock, l			(Include pregnancy within 3		
14. Maiden name. 15. Birthplace	Anna My	rers				
E 14. maiven pane.	Hancock	c Ma	_	Major findings of operations		
					Dale of op	
16. Interment M	rs. Clare	a B.	Sharpe	Antopsy results		
Address O.	ld Forge,	Md.		PHYSICIAN: Please underline the cause to w	hich death should be charged	statistically.
			T 05 304	22. VIOLENCE: If death was due to external ca	uses, till in the following:	
17. Buri	al, or removal. Which?)	Date ther	eof June 25, 194	Accident, suicide, or homicide	Date of	
			Cemetery	Where did injury occur?(City or town)		
	Hager			Injured at home, farm, industry, public place (v		000000011010000110110100010010
18. Funeral director	Scott F.	Min	nich & Son	Means of Injury	Injured at work?	
Address	Hagersto			1	701	m ()
Address		Po	Pr. 11/12	23. SIGNATURE CONCERN	VIII	//CX
19 runs	25 1945	101	iasy Macon	Hass street		or other
/(Date rec'd by re	gistrar)		Registrar	Address Vagewoods IV	2. Date signed	6 1 42145



ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITE is especially impo

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (BIO)

CERTIFICATE OF DEATH

06423 Reg. Diat. No. 30

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland Washington
City or town Hagerstown, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 22 years	The manufacture of the state of
Hospital, Institution, or street address where death occurred:	City or town (If outside city or town limits, write RURAL end give nearest town) 27 East Antietam Street Street No.
27 East Antietam Street	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
Jennie Elima Snyder	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widow	20. DATE OF DEATH June 16, 1945 20:45P. M
6.(b) Name of husband or wife. W. H. Snyder	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) September 15, 1865	and that I last saw h Island alive on Jacob 16 1995
8. AGE: Years Months Days If less than one day 79 9 1hrs. min.	Immediate cause of death DURATION Multid Survefficeus V
Tamaqua, Schuylkill Co. Pa.	Due to Chisan for Hophils 119.
(Town, county, and state) Housework 10. Usual occupation.	actions 10 yrs.
11. Industry or business	
E 12. Name Gideon Whetstone	Other conditions the second se
Z 13. Sirthplace Tamaqua, Pa.	(Include pregnancy within 3 months of death)
14. Malden name Katherine Boughner 15. Sirthplace Catawissa Valley, Pa.	Major findings of operations.
El 15. Birthplace Od Ud WISSA VALLEY, Ide	Date of op.
16. Informant	Autopsy results
Address Hagerstown, Maryland	
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Date thereof (month) (day) (year) Cemetery or crematory. Tamaqua, Pa.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
LUCZIION	Injured at home, farm, Industry, public place (where?)
18. Funeral director. C. M. Suter & Sons	Meens of Injury Injured at work?
Address Hagerstown, Maryland	23. SIGNATURE W. Horardyeoge
19. Just 8 19.46 Chaeff Zowers Registrar	Address Togerlain, M. D. grother - 16-40



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Every item of infor-AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. WITH UNFADING INK-THIS IS A PERMANENT RECO CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. WRITE PL V. S. No. 1

N. B.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

1. PLACE OF DEA	ATH			30	- (-
County ~	oshing	ten		Registration Dist. No.	30 2
Village or City	Porgers	low		No. 410 & Poloma St., death occurred in a hospital or institution, give its NAME instead of street as	3 Ward
tasiah at is tasaw ta					
Length of residence in	city or town where o	leath occurred	11. C	ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME	ac	4 8/13	absth H	ace of fire. S. Veteran, specify WAR	
(a) Residence: No.	H10- 5	Potrala		St., Ward. If nonresident give gity or town	1.0.
PERSONAL A	ND STATIST	(Usual place		MEDICAL CERTIFICATE OF DEATH	
	OR OR RACE		RRIED, WIDOWED,	21. DATE OF DEATH	
0-0-	0.6-	OR DIVORCE	D (write the word)	June 21	495
. If merried, widowed or di	worned	1 and		(Month) (Day)	55 (20)
HUSBAND of	, n n	0+ 00		22. I HEREBY CERTIFY, That I attend	led deceased from
Da	N. S. S.	& louffer		, f9, to	, 19
DATE OF BIRTH (month, d	lay, end year)	1 sil 2	0-1872	I last saw h, 19	; death is said
AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, atm.	
73	2	1	f day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	10.
8. Trade, profession, or	particular	1			Oate of onset
8. Trade, profession, or kind of work done SAWYER, BDDKKI	EEPER, etc	Jouses	nfe		
9. Industry or business work was done, e. SAW MILL, BANK	in which s SILK MILL.	1. 1	V	chr. myocarditis	
kind of work done SAWYER, BDDKKI 9. Industry or business work was done, es SAW MILL, BANK IO. Date decessed last w		Mr. Pto	time (verse)	acute ventricular	
this occupation (m	onth end	spe	time (years) ent in this eupation		
year)	0. 0	0	apation	Dther Contributory Causes of Importance:	11.00
2. BIRTHPLACE (city or town (State or country)	1)	100			
1	TOO	0 0 .			
f3. NAME	1 lober	- Mare		No	
14. BIRTHPLACE (city or		a.		Name of operation	
(State or country)	S-1			What test confirmed diagnosis? Was there	nn autopsy?
f5. MAIDEN NAME	Harry	el man	7.	23. If death was due to externel causes (VIDLENCE) fill in also the follow	
16. BIRTHPLACE (city or		Ja		Accident, suicide, or homicide? Date of injury	, 19
(State or country	(0 0 1	1		Where did Injury occur? (Specify city or town, county and	State)
(Address)	Stoo	Lorna	21.	Specify whether Injury occurred in INDÚSTRY, in HDME, or In PÚBLIC	PLACE,
B. BURIAL, CREMATION, OR		. 0		Manner of Injury	
Place Slate)	all benet	7. Date June	2.4 ,1945	Nature of Injury	
O. UNDERTAKER 70 &	ff + St	one By	m-a. Hoff	24. Was disease or injury In any way related to occupation of deceased?	
FILED June N	,1945	Ferst	Bowell Registrar.	(Signed) Selveturo Wells mo	ASH CO., MI

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

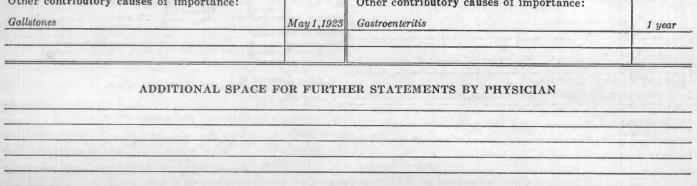
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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car 2 1045	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		BURRAU V.S.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year





VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1. PLACE OF DEATH:.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Charles Grand Creek - Rusal	State Maryland county Washington
(If outside city of town mintes, write Months and give nearest town)	City or town Beauce Creek - Rusal
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town) Street No. Daguation MA.
Haguston md R.	(If rural, give LOCATION)
How long in hospital or institution?	2.(o) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Otho See Sun	mers no
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Widowed	20. DATE DF DEATH 2 1945 of 2/5 da M
6.(b) Name of husband or wife Blasie Dittel S. LLAMMARA	21. I CERTIFY that death occurred on the date above stated; that, I attended deceased from
	and that I last san h in alive on 267 194 1
7. 9irth date of deceased (mo., day, yr.) December 17 - 1864	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION 372016
80 5 15min.	
9. Birthpiace Irederich Co. md.	Due to
10. Usual occupation Ratured Town.	
	Due to
11. Industry or business	
12. Name David Summers	Other conditions
	(Include pregnancy within 8 months of death)
5 1	Major findings of operations
	Date of op
16. Informant Mrs. Ulucione S. Miller	Autopsy results
Address Dagenton Md. R.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereol (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Church & the Brethren Center	Where did Injury occur? (City or town) (County) (State)
Location Beauer Creek and.	Injured at home, farm, industry, public place (where?)
18. Funeral director CDM 7. Bast 45 mg	Means of injury Injured at work?
Address Books one	7/1/2/2
1) 11.00 V	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address / Lacustons Ind. Bate signed 6/3/45

JUN 5 1945 BUREAU V.F

AR ARGAREAN STREET

Washington

(If outside city or town limits, write RURAL and give neurest town)

6 Summit Avenue

Registrar Address.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

Hagerstown

Maryland

M. D. or other

PLEASE

(Vate rec'd by registrar)

MARGIN RESERVED FOR BINDING

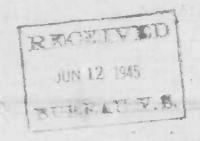
The correct age

1. PLACE OF D	EATH:				
County mail	BWHILLTAGE	shingt	on	***************	
City or townHa.	rerstown,	Maryl	and URAL an	d give neares	t town)
How long in above pla	ce of death?	30	yea:	rs	
	or street address where				
220	Summit A	<u>venue</u>	••••••	***************************************	*****
How long in hospital	or Institution?	***************************************	***********	***************************************	***************************************
3. (a) FULL NAI	ME				
		James	R.	Unsel	d
4. Sex	5. Color or race			widowed, or dive	
Male	White	W4	dow	er	
6.(b) Name of husbar	d or wife	*************	************	*******************************	
		6.60) If altre	give age	yeare
7. Birth date of	. Marrayah				····· / Gai
8. AGE: Yea	yr.) Novemb	Days		than one day	
6. AGE: 166		22			
0,	0	66		hrs	min.
9. BirthplaceS	hepherdst	OWN , I	W.	Va.	
	Labor				
					A -
-41	ess North A			ement	60.
70	ames C. U				
	Shepherd	stown	W.	Va.	
ad t	Nettie			******************	
E 15. Birthplace	Shepherds	town.	W.V	a.	
	Mrs. Laur				
Address	Hagerstow	in, Mai	ryla	nd	
Buria	1	Nate there	6	-9-45	
(Burial aromatic	on or removal Which?)	(r	month) (day)	(year)
Cemetery or crema	tory NUSG I	TTT O	emet	ery	***************************************
Location	Hagersto	wn, Ma	ary 1	and	****************
18. Funeral director.	C. M. Su	iter &	Son	S	**************
Address Ha	gerstown.	Marv	land		
	0 (1)	nce	- 1	4/16	

(If rural, give I	LOCATION)	
2.(a) If veteran, name war	***************************************	
	3. (b) Social Security 1	Vumber
	214-09-	7843
MEDICAL CE	RTIFICATION	, , , ,
Δ	/	- 10 77
20. DATE OF DEATH.		at
21. I CERTIFY that death occurred on the date above	e stated; that I attended decea	sed from
and that I last saw h	4 to June 6	19. 4.5
and that I last saw h Malive on	unde le	19 45
Immediate cause of death		OURATION
Carcinoma Es	ophagus	6 mos
Oue fo		***************************************

Due to		***************************************

Other conditions		***************************************
(Include pregnancy within 3 me	onths of death)	
Major findings of operations		
	Date of op	0. * 0 * * * * * * 0 0 0 0 0 0 0 0 0 0 0
Antopay results		tatistically.
22. VIOLENCE: If death was due fo external cause	es, fill in the following;	
Accident, suicide, or homicide	Date of	
Where did injury occur?(City or town)	(Connty)	(State)
Injured af home, farm, industry, public place (whe	re?)	
Means of Injury	Injured at work?	
H.S. Por	terfield	m.D.



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (315) e correct age CERTIFICATE OF DEATH SUAL RESIDENCE (HOME) of December (For newborn infants give residence of mother)

Washington 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: information carefully. The cold death clearly and legibly. Wa shington State Maryland (If outside city or town limits, write RURAL and give nearest town) Hagerstown 21 years (If outside city or town limits, write RURAL and give nearest town) 516 W. Howard St. How long in above place of death?..... Hospital, institution, or street address where death occurred: 516 W. Howard St. (If rural, give LOCATION)
None How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number John C. Varner 705-10-4618 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION Male White Married Nettie V. Varner death occurred on the date above stated; that I attended deceased from 7. Birth date of deceased (mo., day, yr.). July 8. 1878 Immediate cause of death If less than one day 8. AGE: - Years Months 22 66 11 9. Birtholace Nea r Shippensburg Clumb. Pa. Turn Table Operator 10. Usual occupation. Railroad 11. Industry or business Henry Varner Near Shippensburg Pa. (Include pregnancy within 8 months of death) 14. Maiden name Jane Russel Major findings of operations..... 15. Birthplace Near Shippensburg Pa. 16. Informant Mrs. Nettie V. Varner PHYSICIAN: Please onderline the cause to which death should be charged statistically. Hagerstown Md. Date thereof July 3, 1945 22. VIOLENCE: if death was due to external causes, fill in the following; Burial 17. (Burial, cremation, or removal, Which?) Accident, suicide, or homicide..... (month) (day) (year) Cemetery or crematory Beautiful View Whera did injury occur? Middleburg Md. Injured at home, farm, Industry, public place (where?) Scott F. Minnich & Sons injured at work? Means of Injury 18. Funeral director... Hagerstown Md. 23. SIGNATURE M. D. or

Date signed.

RECEIVED

JUL 6 1945

BUREAU V.S.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Julia

CERTIFICATE OF DEATH

Dr. Bowman 06428

Reg. Dist. No. 302

I. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbora infants give residence of mother)	
	State Maryland County Washington	
City or town	City or town Hagerstown	
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)	
Washington County Hospital	Street No. 240 Hager St.	
How long in hospital or institution? 1 Day	(If rural, give LOCATION)	
3. (a) FULL NAME	2.(a) It veteran, name war	
	3. (b) Social Security Number	
Darwin Belmont Welch 4. Sex 5. Color or race 6.(a) Single, married, widowed, or diverced	None	
	MEDICAL CERTIFICATION	
Male White Single	20. DATE OF DEATH. June 24 1945 19 , at 6 A M	
G,(b) Name of husband or wife	21. I CERTIFY that death ocquired on the date above stated; that I attended deceased from	
	6/23 1043 10 (- /24) 1043	
7. Birth date of deceased (mo., day, yr.) June 23 1945	and that I last saw h. Assertable on	
deceased (mo., day, yr.) g cliff 20 1320	Immediate cause of death	
1 hrs.	pleleslasia	
9. Birthplace Hagerstown Wash. Co. Md. (Town, county, and state)	Due to	
10. Usual occupation Infant		
	Due to	
11. Industry or business		
	Other conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name Florette Shirley 15. Birthplace Martin W. Va.	Major findings of operations.	
2 15. Birthplace Martin W. Va.	Date of op.	
18. Informant Mrs. F. E. Welch	Autopsy results as above	
Address Hagerstown Md.	PHYSICIAN: Please underline the cause tu which death should be charged statistically.	
	22. VIOLENCE: If death was due to external causes, fill in the following;	
Burial Burial Date thereof 6/25/45 (month) (day) (year)		
Cemetery or crematory Rose Hill Cemetery	Where did injury occur?	
Location Hagerstown Md.		
18. Funeral director. Andrew K. Coffman	Means of Injury Injured at work?	
Address Hagerstown Md/	23. SIGNATURE M.D. or other	
19 June 25 1045 phast 120wer		



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